Vol. III 1923 Part IV

THE BRITISH JOURNAL OF MEDICAL PSYCHOLOGY

BEING THE MEDICAL SECTION OF THE BRITISH JOURNAL OF PSYCHOLOGY

PSYCHOLOGY LIBRARY

EDITED BY

T. W. MITCHELL

WITH THE ASSISTANCE OF

H. G. BAYNES
WILLIAM BROWN
ERNEST JONES
GEORGE RIDDOCH

LIBRARY
NOV 7 1958
UNIVERSITY OF CALIFORNIA

Cambridge University Press
C. F. CLAY, Manager
LONDON : Fetter Lane, E.C. 4
also
H. K. LEWIS & CO., LTD., 136, Gower Street, London, W.C. 1
CHICAGO : The University of Chicago Press
(Agent for the United States and Canada)
BOMBAY, CALCUTTA, MADRAS : Macmillan and Co., Limited
TOKYO : The Maruzen-Kabushiki-Kaisha

Price Ten Shillings net.

[*Issued 21 December, 1923*]

THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

OFFICIAL ORGAN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

DIRECTED BY SIGM. FREUD

EDITED BY ERNEST JONES

(*President of the International Psycho-Analytical Association*)

WITH THE ASSISTANCE OF

K. ABRAHAM BERLIN	G. BOSE CALCUTTA	A. A. BRILL NEW YORK
D. BRYAN LONDON	J. VAN EMDEN THE HAGUE	S. FERENCZI BUDAPEST
J. C. FLÜGEL LONDON	H. W. FRINK NEW YORK	E. OBERHOLZER ZURICH
C. P. OBERNDORF NEW YORK	O. RANK VIENNA	

ISSUED QUARTERLY

Subscription 30s. per Volume of Four Parts, Post Free, the Parts not being sold separately

Bound Copies of Volumes I, II and III, 37s. Post Free.

VOLUME IV, 1923

CONTENTS OF PART III

RANK, OTTO: Perversion and Neurosis.

JONES, ERNEST: The Nature of Auto-Suggestion.

ABRAHAM, KARL: The Spider as a Dream Symbol.

FELDMANN, S.: Physics in Dream Symbolism.

ODIER, CH.: A literary Portrayal of Ambivalency.

GREEN, G. H.: Some Notes on Smoking.

MCWATTERS, R. C.: A modern Prometheus.

ABSTRACTS. BOOK REVIEWS.

BULLETIN OF THE PSYCHO-ANALYTICAL ASSOCIATION.

Lists of Contents of Vols. I, II & III will be sent on Application

THE INTERNATIONAL PSYCHO-ANALYTICAL PRESS

Lawn House, Hampstead Square, London, N.W. 3

THE
BRITISH JOURNAL
OF
MEDICAL PSYCHOLOGY

CAMBRIDGE UNIVERSITY PRESS
C. F. CLAY, MANAGER
LONDON: FETTER LANE, E.C. 4

H. K. LEWIS & CO., LTD., 136, GOWER STREET, LONDON, W.C. 1
CHICAGO: THE UNIVERSITY OF CHICAGO PRESS
(Agent for the United States and Canada)
BOMBAY, CALCUTTA, MADRAS: MACMILLAN & CO., LTD.
TOKYO: THE MARUZEN-KABUSHIKI-KAISHA

All rights reserved

THE
BRITISH JOURNAL
OF
MEDICAL PSYCHOLOGY

BEING THE MEDICAL SECTION OF THE
BRITISH JOURNAL OF PSYCHOLOGY

EDITED BY

T. W. MITCHELL

WITH THE ASSISTANCE OF

H. G. BAYNES
WILLIAM BROWN
ERNEST JONES
GEORGE RIDDOCH

VOLUME III 1923

CAMBRIDGE
AT THE UNIVERSITY PRESS
1923

LIBR.
EDUC.
PSYCH.
LIBRARY

PRINTED IN GREAT BRITAIN

RC 321
B 75
v. 3-4
BIOLOGY LIBRARY
EDUC. PSYCH. LIBRARY

CONTENTS OF VOLUME III

PART I. JANUARY 1923.

The Causal Factors of Juvenile Crime. By CYRIL BURT . . .
The Influence of Affective Factors on the Measurement of Intelligence. By C. A. RICHARDSON 34
Suggestion. By J. CYRIL FLOWER 39
Freud's Theory of Wit. By J. Y. T. GREIG 51
One Hysteric and "Many Physicians," or As Others See Us . . 59
Critical Notice 64
Reviews 68
Notes on Recent Periodicals 78
Editorial 80

PART 2. APRIL 1923

The "Reality-Feeling" in Phantasies of the Insane. By HENRY DEVINE 81
The Ontogenesis of Introvert and Extrovert Tendencies. By ALICE G. IKIN 95
The Reliability of Psycho-Analytic Findings. By GIRINDRASHEKHAR BOSE 105
Psychoneurotic Aspects of Miners' Nystagmus. By H. WILFRED EDDISON 116
Descriptive Notice 122
Reviews 129
Notes on Recent Periodicals 144

PART 3. AUGUST 1923

Delinquency and Mental Defect (I). By W. NORWOOD EAST . . 153
Delinquency and Mental Defect (II). By CYRIL BURT . . . 168
Delinquency and Mental Defect (III). By F. C. SHRUBSALL . . 179
Delinquency and Mental Defect (IV). By W. H. B. STODDART . 188
The Nature of Auto-Suggestion. By ERNEST JONES 194
On the Relation of Analytical Psychology to Poetic Art. By C. G. JUNG 213
Critical Notice 232
Reviews 244
Notes on Recent Periodicals 260

PART 4. DECEMBER 1923

	PAGE
"Narcolepsy." By C. WORSTER-DROUGHT	267
Psycho-Analytic Views on some Characteristics of Early Infantile Thinking. By KARL ABRAHAM	283
A Note on Sex Differences, from the Psycho-Analytic Point of View. By S. S. BRIERLEY	288
The War Anxiety Neurotic of the Present Day: His 'Dizzy Bouts' and Hallucinations. By H. SOMERVILLE	309
M. Coué's Theory and Practice of Auto-Suggestion. By CAVENDISH MOXON	320
Critical Notice	327
Reviews	332
Abstract	352
Notes on Recent Periodicals	355

VOLUME III 1923 PART IV

"NARCOLEPSY[1]"

BY C. WORSTER-DROUGHT.

As the name implies (Gk. *νάρκη* = stupor *λαμβάνειν* = to seize), narcolepsy is a condition which is characterised by recurrent states of sudden and profound sleep.

The condition appears first to have been described by Gélineau (9) in 1881, under the name of 'la narcolepsie'; he considered it a rare neurosis in which the outstanding feature was a sudden and irresistible desire to sleep, the period of slumber being usually of short duration. Gowers (10) considered the term best applied to a condition in which the patient showed recurrent attacks of apparent sleep, varying in duration from a few minutes to a few hours, and from which he or she could be roused with comparatively little effort; on the other hand, he distinguished 'trance' and 'lethargy' from narcolepsy in that the sleep of the former states was more prolonged and the patient could be roused only imperfectly and with extreme difficulty, while 'catalepsy' was accompanied by that plastic state of the limbs known as 'flexibilitas cerea' or katatonia. The distinctions between these closely allied conditions, and especially between narcolepsy and lethargy or trance, is somewhat artificial, as in many cases which otherwise fulfil the definition of narcolepsy, the patient cannot be roused during the attack; similarly many examples of so-called trance have a recurrent tendency. Later authors—Ballet (3), Féré (7), Lamarcq (16), Achard (2), and others—have employed the term narcolepsy to include all states of paroxysmal sleep, and it is in this sense that I am using it in the present communication.

Symptoms. The characteristic feature of narcolepsy is the occurrence of paroxysms of diurnal sleep in the midst of whatever occupation the patient may be engaged. The attack may occur suddenly under any conditions, seizing the patient while walking or eating, while actively engaged in mental work, conducting business, or playing at a game. One of Robin's cases—a medical man—often used to fall asleep when walking, while in the daily press of March 22nd, 1921, there was reported an inquest on a man aet. 60, held at Newport, Mon., at which the evidence

[1] A paper read before the Medical Section of the British Psychological Society on May 23rd, 1923.

showed that he used to fall asleep when walking or eating. He worked in a farmyard and had frequently been seen to fall asleep in the midst of his meal, the cows eating the remainder of the food out of his hand. He had apparently fallen asleep in the roadway when he was run over by a cart and died as the result of his injuries. Féré (7) records an instance of the patient falling asleep while standing as soon as she leaned against a piece of furniture, and P. Stewart (19) that of a man who would fall asleep while playing the piano or at a game of cards, during the latter especially if he held a losing hand. Oppenheim (18) mentioned the case of a schoolmaster who was obliged continually to prick himself during his teaching in order to prevent himself from falling asleep. Carlill (5) records the case of a young man, who, for as long as he could remember, was liable to fall asleep at any time of the day without feeling tired and had never been free from the attacks for longer than a week at a time. He had fallen asleep on the tail-board of a cart and had been thrown off, and also on the top of a van when he was caught by an archway and swept off. He had been found asleep while scrubbing the floor, with his arm immersed in the pail of water, and had also been observed asleep while walking about.

Various influences may induce the actual attack; thus, conversation on any unpleasant subject (Weir Mitchell's case) or, as in a case described by Gowers (10)—that of a man who suffered from a nasal fistula; whenever a probe was passed down this fistula the patient promptly fell asleep. The attacks are seldom associated with any feeling of fatigue although they show an increased liability to occur during phases of mental depression. In most of those cases which are not associated with organic disease, the attack—as we shall endeavour to show later—is initiated by a complex of psychical origin.

In the majority of cases the attack occurs quite suddenly without premonitory signs, although headache is an occasional prodromal symptom. As a rule the patient suddenly feels drowsy, the eyelids droop and he is soundly asleep in a few moments. A few cases actually sink to the ground should the attack occur when standing or walking, but usually the attack takes place when sitting down. Only a minority of cases—as we shall see later—have any recollection of what occurs during the sleep, and generally the patient remains quiet. Dreams occasionally occur—for instance, in one of Gowers' cases the patient experienced vivid dreams during the attack but was unable to recollect the actual details. Also, in a case recorded by L. Guthrie (11), that of a boy aged 12, a form of 'night-terror' occurred. The boy would fall asleep in the midst

of a meal or while dressing or undressing. At first the sleep appeared natural, but later was disturbed by mutterings and screaming, and finally by violent struggling.

Occasionally the sleep can be induced voluntarily—by auto-suggestion—as in a case mentioned by Gowers(10); in one attack so induced the patient died. Voluntary induction is common in the so-called 'trance' of spiritualistic mediums and in devotees in the East.

In some cases the patient can be readily awakened at any time, but in others he can be aroused only with extreme difficulty or not at all.

The duration of the attack varies from a few minutes to several hours, the patient awakening spontaneously at the end of this period. Marduel records the case of a soldier who slept 70–80 hours on six occasions in two years. In most of the cases which I have encountered, the sleep lasted from 10–20 minutes. The actual frequency of the attacks varies from four to five a day (Gowers' case) to one or two a year. In some cases the attacks are more frequent and of longer duration after deficient sleep, and the leading of an active life, or the fact of being on holiday, tends to lesson their intensity and frequency. In one type of case the patient may keep off an attack with a strong voluntary effort, but feels uncomfortable and will stretch and yawn continually.

Clinical forms. Cases of narcolepsy may be divided into two main groups:

(1) Those in which the attack is symptomatic of definite organic disease.

(2) Those in which no evidence of organic disease can be discovered.

I. Cases in which the Narcolepsy is Symptomatic of Definite Organic Disease.

In dealing with any particular case of narcolepsy, we have first to exclude all possibility of organic disease. The attacks may depend upon any of the following morbid conditions:

(1) *Cerebral tumour*, particularly of the frontal lobes and region of the third ventricle and sylvian aqueduct (mesencephalon). For instance, Stewart(19) has recorded a case of cystic growth involving the floor of the third ventricle in which the chief symptoms were paroxysms of overpowering sleep. In a case recently under my care, that of a clerk aged 40, the complaint of his employer was that he continually found the patient asleep at his work, leaning over his typewriter or across his desk; he could always be aroused without difficulty. At the time there were no definite signs of organic disease, but gradually he developed

some weakness of his right arm and leg of an extra-pyramidal type, and later the signs of cerebral tumour were quite manifest. At the autopsy, a tumour was found appearing at the under-surface of the brain between the root of the olfactory tract and optic chiasma to the left of the mid-line and apparently developing from the region of the basal ganglia. (The brain is in the process of hardening and has not yet been cut.)

(2) *Encephalitis lethargica.* Increased drowsiness with a tendency to spontaneous somnolence and attacks of diurnal sleep is often a feature in the early stages of encephalitis lethargica, particularly when the main lesion is in the neighbourhood of the basal ganglia and substantia nigra.

(3) *General paralysis of the insane.* After a preliminary period of insomnia in the early stages of this disorder, there is a liability for the patient to fall asleep at any time of the day and during whatever business upon which he may be engaged. This disappears as the disease advances and is replaced by motor activity.

(4) *Cerebral arteriopathies.* In the subjects of cerebral arteriosclerosis and atheroma, there is a tendency to fall asleep at all times of the day and particularly after meals. The sleep is often deep and persistent and in the later stages of senility may reach the degree of true coma. As a result of the vascular disease, haemorrhage or thrombosis may occur.

(5) *Trypanosomiasis.* Associated with the chronic meningo-encephalitis and perivascular infiltration of the cerebral vessels in this disorder, spontaneous attacks of sleep may occur.

(6) *Pituitary gland disorders.* In almost all forms of dyspituitarism, increased drowsiness is a feature and often narcolepsy occurs. Several cases of relatively large pituitary cysts associated with paroxysmal sleep have been recorded. When the proximity of the pituitary gland to the region of the third ventricle is considered, it appears quite likely that it is not the pituitary disorder *per se* that gives rise to the narcolepsy, but that the condition depends upon the disturbance caused in the region of the third ventricle by the upward pressure of the pituitary enlargement. In this connection, the recent work of Camus and Roussy (4) is of interest; by experiments upon dogs these observers have shown that all the symptoms ascribed to dyspituitarism—Frölich's dystrophia-adiposo-genitalis syndrome, polyuria, etc.—can be produced by a lesion of the base of the brain involving the nuclei of the tuber cinereum in the floor of the third ventricle.

(7) *Thyroid gland disorders.* Attacks of diurnal sleep may occur in myxoedema and even in simple hypothyroidism. Mongour has recorded the case of a man who invariably fell asleep when reading and, incidentally, slept throughout the medical examination; he was relieved by taking thyroid extract.

(8) *Obesity.* The occurrence of spontaneous sleep in obese subjects is well known. The condition has been ascribed to a disorder of the endocrine glands. The obesity—especially in young subjects—may be due to dyspituitarism, on which the narcolepsy may depend. It will be remembered that the fat boy in Pickwick was always falling asleep. In other cases the obesity is a result of hypothyroidism.

(9) *Liver disorders.* Narcolepsy has been noted as occurring in diseases of the liver, such as cirrhosis and gall-stones, by Levi, Graves and Murchison. J. Thomson(21) has also recorded a case in which narcolepsy occurred during the first six years of life in a boy with an enlarged liver.

(10) *Blood disorders.* In diseases of the blood, such as chlorosis, pernicious anaemia, and leukaemia, paroxysmal attacks of sleep may occasionally occur. In a case recently under my care, that of a man aged 45, narcoleptic attacks were so frequent and pronounced that it was thought that he was suffering from encephalitis lethargica. At the time there was nothing in his appearance or his symptoms to suggest pernicious anaemia, but later pallor and signs suggesting early subacute combined degeneration of the spinal cord developed, and blood examination confirmed the diagnosis.

(11) *Renal disease.* Brissaud and Lamy have mentioned narcoleptic attacks occurring in connection with chronic interstitial nephritis.

(12) *Diabetes.* Spontaneous diurnal sleep may also occur in the subjects of diabetes; coma is the usual termination.

II. Cases in which no Evidence of Organic Disease can be Discovered.

In this group are included types of narcolepsy that have been classed as neuroses, the mechanisms of which will be discussed subsequently. This form of narcolepsy appears to be somewhat uncommon and the recorded cases are by no means numerous. Briquet, for instance, met with only three cases in a large number of hysterics, and Gowers(10) only encountered four examples. As would be expected, the condition is usually met with in early adult life and—apart from treatment—may pass off in a few months or a few years, but the attacks have been known to persist throughout life.

On investigating the actual nature and causation of these narcoleptic attacks, we are somewhat handicapped by the fact that we are in almost complete ignorance regarding the physiological mechanism of normal sleep. It has been said that "sleep is a habit which should be jealously maintained," but at least the habit is congenital and the means by which it should be maintained are by no means clear. Various hypotheses have from time to time been propounded regarding the physiology of normal sleep. The most important of these I will discuss briefly in order to ascertain their possible relationship to narcolepsy.

(1) Retraction of the dendrons of the cells of the central nervous system by a species of amoeboid movement, which results in an interruption in the transmission of nervous impulses, the nerve cells being temporarily isolated. This theory depends upon the observation of Demoor and others who found that in animals in which deep anaesthesia had occurred, the dendrites of the nerve cells exhibited moniliform swellings and were retracted.

Against this view is the fact that recent histological observations suggest that the neuro-fibrillae are continuous from cell to cell, that is, from synapse to synapse. Further, it is open to question if the unconsciousness of a deeply narcotised animal—due to the action of a poison—is any criterion of what occurs in normal sleep or even in narcolepsy.

(2) Lugaro takes a precisely contrary view as he was unable to discover the moniliform enlargements referred to by Demoor; his hypothesis is that the interlacing of dendrites is much more intimate during sleep than in the waking state. It has been suggested that Lugaro's failure to find the moniliform swellings was probably due to his not having maintained the anaesthesia long enough in his dogs.

(3) Chemical changes occur in the cerebral cells as a result of the action of waste products of metabolism, or as they have been termed 'fatigue products.' These have been believed to act as narcotics; Obersteiner, indeed, considered the soporific substances to be acid in nature, while Preyer went so far as to state that the product was lactic acid. There is, however, no evidence of the existence of such a soporific fatigue-product, and sleep, far from being an incident in the general phenomena of fatigue, is often impossible under circumstances of extreme exhaustion. Further, sleepiness and the subjective feeling of tiredness, though often associated, are by no means identical.

(4) Sleep and awakening is controlled by a certain focus or centre in the mid-brain very near to the centre for ocular movement. The assumption for the existence of such a centre is a reasonable one if only

on the analogy of other controlling centres for physiological processes —vaso-motor centre, micturition centre, heat-regulating centre, etc. The increased opportunity that has occurred in recent years for studying clinically and pathologically cases of encephalitis lethargica has led certain authors—notably Economo (6)—to advance this view. Encephalitic lesions in the region of this focus result in changes in the rhythm and duration of sleep. Similarly, neoplasms in the neighbourhood of the third ventricle, as we have seen, are frequently accompanied by attacks of narcolepsy. Economo (6) goes so far as to assert that as certain so-called cataleptic conditions have been found to be associated with an organic lesion of the ganglia situated between the thalamus, corpora geniculata and pineal body, a disturbance in this region will be found as the basis for many sleep-like states hitherto termed 'functional.'

As sleep and allied conditions are invariably accompanied by a diminished blood-supply to the brain—as will be shown in the next section—it is certain that cerebral anaemia must play some part in their production. It is possible, however, that the activity of such a sleep-controlling centre—being stimulated by certain afferent impulses or even complexes of psychogenic origin—initiates the vaso-motor mechanism for diminishing the cerebral blood-supply that actually results in sleep. In the infant, the sleep centre would necessarily act automatically, but with increasing psychical development the function of sleeping—as with other bodily functions—becomes more complex.

The definite interference with such a sleep-controlling centre would account for the narcolepsy met with in connection with encephalitis lethargica, general paralysis of the insane, trypanosomiasis, dyspituitarism, and those cases of cerebral tumour we have mentioned. It is to be remembered, however, that relatively large neoplasms in the region of the mesencephalon, third ventricle, or pituitary gland, are liable mechanically to compress the arteries forming the circle of Willis and cause a certain degree of cerebral anaemia.

(5) Diminished blood-supply to the brain and consequent cerebral anaemia. This hypothesis has much experimental evidence in its favour, and there can be no doubt that a relative cerebral anaemia accompanies normal sleep.

That during sleep the blood-supply to the brain is diminished is shown by:

(*a*) Depression of the anterior fontanelle in infants and of trephine holes in adults during sleep, the volume of the brain being reduced by general vaso-constriction.

(*b*) Pallor of the optic discs, the retinal arteries being narrowed.

(*c*) The relative weights of the upper and lower part of the body is different in sleep, from that when awake; if the body is balanced in a horizontal position in the waking state, the feet fall when sleep ensues, the inclination appearing proportional to the depth of sleep. A sudden sense stimulus increases the blood-supply to the brain, the feet rising and the head falling.

(*d*) Plethysmograph records from the arm of a sleeping man show a diminution in volume every time he is disturbed even though the disturbance be insufficient to awaken him—presumably a general diminution in the volume of blood of the body and a corresponding increase in the blood-supply to the brain.

The changes in the cerebral blood-supply that occur during sleep have been referred to the action of the vaso-motor centres. The existence of an effective vaso-motor mechanism in the cerebral blood-vessels is very problematical. If changes occur in the cerebral blood-pressure and rate of flow, therefore, they are mainly secondary to those which are produced in other parts of the body; for instance, general vaso-dilatation in the trunk and particularly of the splanchnic area will lead to a diminished cerebral blood-supply. This fact no doubt accounts for that drowsiness following a rather heavy meal that is so frequently met with in people of middle-age and after. In large eaters, this post-prandial somnolence is very pronounced, and tends to become progressive. We have no doubt all experienced a certain difficulty in applying ourselves to mental work after a heavier meal than usual. The hyperaemia and general vaso-dilatation of the splanchnic area necessary for the purposes of digestion leads to the diminished cerebral blood-supply which gives rise to the somnolence.

The relative cerebral anaemia would account for the narcolepsies of cerebral arteriopathies and disorders of the blood such as pernicious anaemia. Whether it is the cerebral anaemia *per se* or the relatively poor blood-supply to the possible sleep-controlling centre, thus causing a disturbance of its function that leads to the narcolepsy, is difficult to say. If the latter view be correct, the disordered metabolism that occurs in hypothyroidism, diabetes, hepatic and renal disease, and in association with obesity, would also explain a similar disturbance of the centre leading to a derangement of sleep.

(6) Sleep is a form of auto-hypnosis and is a purely psychical phenomenon. Although even the most ardent advocate of the view that psychological phenomena depend upon a purely psychical mechanism would

hesitate to ascribe normal sleep merely to auto-hypnosis, it must be admitted that the relationship of sleep to the hypnotic state is unmistakable. Liébeault, indeed, stated that the former could be distinguished from the latter only by the fact of the connection between the sleeper and the hypnotist. All influences which bring on sleep are also adapted to induce hypnosis—the relaxation of attention, the absence of strong light, quiet, a monotonous voice (as in church drowsiness), etc.; further, sleep usually appears at definite habitual (*i.e.* auto-suggested) hours, and it is not uncommon for an individual to wake at an hour desired and suggested prior to his falling asleep. It is also significant that the depth of sleep, as with hypnosis, cannot really be measured by the intensity of sound required to awaken; for instance, as Forel points out, an anxious mother awakens at the slightest noise of her child while she is not disturbed by a snoring husband or other accustomed noise.

Further, the physical signs of sleep and hypnosis are almost identical:

The pulse and respiration are slowed.

The muscles generally are relaxed, but the flexor of the fingers and orbicularis palpebrarum show increased tone.

If the eyelids are passively raised the eyeballs are found to be rotated upwards.

If a patient be hypnotised with a plethysmograph *in situ* on the arm, the changes in blood-supply behave exactly as in normal sleep. This I have been able to show in a hypnotised subject.

It is quite probable that with increasing psychical development from the infantile stage, sleep is actually initiated by a process of auto-suggestion. The habitual hour, the sight of somebody yawning, the bedroom, undressing, etc., have gradually associated themselves to form a concept of sleep—or sleep-complex—by means of a mutual opening up of paths. If one of the sensations associated with this concept appear at a later date in response to a stimulus, the others will follow as the excitability will spread along the paths that conduct well.

Further simultaneous associations then lead to a connection in the tracts between the concept of sleep and the lower centres producing sleep —such as the sleep-controlling centre. This tract becomes such a good conductor—it being generally acknowledged that the excitability of a given centre increases by repeated conduction towards it when no stronger excitability acts as a deflection—that ultimately it is the concept of sleep suggested by associations with external agents which gives rise to sleep. Fatigue and exhaustion assist the onset of normal sleep in that they tend to lessen the activity of the cerebral cortex and

so reduce the possibility of other associations acting by deflection. The sleep-controlling centre then brings about reflex closure of the eyes, and initiates the reduction in the blood-flow to the brain—probably by action on the vasomotor system—that brings about sleep.

In the manner that has been described, the concept of sleep acquires a purely motor character—which is really only a special instance of a general law dealing with the development of brain mechanisms. In the same way all voluntary movements developed originally from involuntary ones by the sensation of reflex movement becoming the causal conception or the impulse of the will. Consequently, in most cases of narcolepsy, apart from those which depend upon organic disease in which the psychical paths, as it were, are cut out by a short circuit, we can say, as of normal sleep, that the sleep-process is initiated by suggestion or auto-suggestion—or occasionally can be even voluntarily brought about, the probable mechanism being that which we have described.

Of those cases of narcolepsy which are independent of organic disease and which might be termed 'functional,' the cases I have encountered lead me to believe that there are several varieties, each corresponding with a different psychological level ranging from superficial to deep until a form is reached, the reaction of which occurs at a purely physiological level. These different forms of narcolepsy can best be illustrated by analogy, comparing them with the various 'fits,' from hysterical to frankly epileptic.

An ordinary hysterical convulsive attack is a type of reaction that takes place at a comparatively high psychological level, the symptoms of psychical origin being converted into physical manifestations which comparatively little effort will bring under conscious control. Two varieties of this type of hysterical seizure can be distinguished: (*a*) that in which the patient can remember all that has taken place during the attack, and (*b*) that in which there is amnesia for the period of the seizure; the former reaction most probably occurs at a slightly higher psychological level than the latter. Similarly with narcolepsy; one meets with (*a*) cases in which the patient apparently falls asleep but can remember all that takes place during the attack and states afterwards that although he knew all that was going on about him and understood all that was said to him, he felt incapable of moving or of making any attempt to reply. The disturbance of consciousness in such a case is very slight, and amounts to little more than inhibition on the motor side. This form of narcolepsy is often associated with reverie and hypnogogic hallucinations. The patient sits or lies apparently asleep, the face normal in colour, the eyes closed, limbs relaxed, and pulse and respiration slowed.

As with the early stages of normal sleep—probably owing to simplification of the reflex arc—a tendency for motor expression may be exhibited and the patient can easily be roused. (*b*) The second variety—in which the patient is amnesic for the period of the attack as far as consciousness is concerned—presents similar characteristics, with the addition that the respiration is mainly diaphragmatic, the masseters and flexors of the fingers often contracted. The eyeballs are seen to be directed upwards and to the side if the eyelids are raised, and occasionally transient katatonia may be demonstrated. The latter is interesting in view of Liébeault's contention that one can produce katatonia in a certain stage of normal sleep by repeatedly raising a limb. The patient is rather more difficult to rouse than in the first variety, but stimulation of any hyperaesthetic zone will awaken him. Both the above varieties of narcolepsy may occur in the same subject—as in a case of my own—and I regard them as forms of conversion hysteria. (*c*) A third type of narcolepsy occurs at a lower point in the scale of psychological levels than either of those already described, and, to pursue our analogy, is comparable to the psychasthenic convulsions of Oppenheim (18) or the compulsion neuroses. These are manifestations of a more severe grade of nervous disturbance, but the reaction occurs still within strictly psychological limits. The patient feels an irresistible impulse to sleep and although for a time he may resist the somnolence, yawning and stretching during his effort, he finally succumbs and is speedily asleep. Although the appearance is that of deep sleep, the muscles are often not fully relaxed, and the patient either cannot be roused at all or can only be roused by means of forcible and unusual stimulation, *e.g.* the faradic current, flicking with a wet towel, etc. Stimulation of hyperaesthetic zones, however, will often provoke defensive movements without rousing. Attempts to raise the eyelids are often resisted but food placed in the mouth may be swallowed. (*d*) We next have a type of narcolepsy which one may compare with the so-called affect epilepsies of Bratz and Lembusche, viz., a reaction provoked by a purely psychological situation, but with physical manifestations which place the reaction almost within the scale of physiological levels, that is, it occurs at the lowest psychological level. As with the Bratz epilepsies, the condition usually represents the reaction of the patient to a situation that is absolutely intolerable and to which no other adjustment is possible. In this group fall many of the cases of so-called catalepsy, the alleged resemblance of which to death has rendered noteworthy. The face is usually normal in colour, but may be livid, pulse and respiration are markedly slowed, and, according to French and

German authors, respiration may even cease (hysterical suspended animation). In a case of Pfendler's quoted by Binswanger, no sign of life could be detected for 48 hours and everything was prepared for the interment. There is usually complete anaesthesia to all stimuli and the superficial reflexes—including the corneal—are abolished. The deep reflexes are usually retained. The attacks in duration may be very prolonged; Achard (2) mentions the case of a woman aet. 25, who lived in a little village on the Aisne, in whom an attack persisted for several years. Some writers have regarded this cataleptic form as closely allied to stuporose states. (*e*) Lastly, we have a form which is comparable only with true epilepsy, and indeed, as Westphal and others have considered, may occur as the 'equivalent' of an epileptic attack. We thus reach a physiological level in our scale of gradations. Although these latter narcoleptic attacks may alternate with ordinary epileptic seizures, they are in no sense attacks only of 'petit mal.' They differ from this form of minor epilepsy in that there is no pallor, they are of longer duration, and there is a perfect resemblance to normal sleep both in their onset and character. I have met with one example:

L. F. B. aet. 25, was first seen in May, 1920. There was a history of 'fits' in childhood but they ceased at the age of 10, and no further attack occurred until August, 1913; at this time he was serving in the Army. About four weeks after the above attack he fell asleep whilst cleaning his buttons and could not be roused for several hours. Since this time he has had 24 such attacks; they have occurred at any time, under all conditions, and often in perilous situations. In duration they have varied from two hours to two days. He states that he sleeps quite soundly at night, even though he may have had an attack during the day. Three fits —description suggesting true epilepsy—have occurred since 1913. In January, 1919, he was seen towards the end of a narcoleptic attack. The face was normal in colour, pulse and respiration slowed, the corneal reflex feebly present, the eyes rotated upwards with slight lateral nystagmus, the optic discs pale, the right abdominal reflex absent, and the left sluggish, the left plantar reflex extensor and the right indefinite, and the deep reflexes sluggish. He could not be roused even by forcible stimulation, or by pressure on hyperaesthetic zones, although the latter gave rise to slight defensive movements.

The time has now passed when we were content merely to have diagnosed a condition as hysterical; we now have to learn something further regarding the mechanism of the patient's so-called hysteria, for purposes of both accurate diagnosis and treatment. Even a superficial

analysis will often reveal that a particular attack served a purpose in enabling the patient to escape from a painful idea or responsibility—to avoid some necessity for adaptation. Some painful experience or unpleasant idea is repressed, and the emotion, which appertains to the dissociated complexes and to which there has been no reaction, manifests itself in the attack of sleep, and in this way the affect of the dissociated complex is weakened. The complex is robbed of its affect, which is the real object of the conversion, and hence its value to the individual. This mechanism can best be illustrated by reference to a case which recently came under my observation.

L. L. aet. 27, a schoolmaster, complained that from time to time he had 'attacks of sleep' of several (4–6) hours' duration. They invariably occurred in term time (never during the holidays) and always developed soon after he woke up in the morning and before he got out of bed; he would then sleep until 4 or 5 o'clock, all attempts to rouse him being futile. He had no recollection of what occurred during his sleep, nor of any of the efforts to awaken him, but would often swallow food if placed in his mouth. He insisted that he was very keen on his work, and desired no other form of occupation. A psychological investigation, however, soon revealed that this was not the case, there being an unconscious resistance to teaching, and that the mechanism in his case was as follows:

L. L., having repressed his distaste for teaching, finds on waking up that he has to go to school; the work is irksome, consequently his necessity for escaping reality and seeking pleasure are in conflict and results in his falling asleep. He does not go to school, therefore, his own desire is gained, and at the same time his herd instinct (or employment demand) is satisfied by the attack of sleep, which is an acceptable excuse, and the painful recognition of his own selfishness is converted into sleep.

In other cases the occurrence of the narcoleptic attacks depends upon a tendency to the revival by association of certain painful experiences that have been repressed from consciousness.

The actual starting-point of an attack is usually by an association-complex which probably acts upon the sleep-controlling centre in the manner already described. In some cases there is a tendency to fix the gaze on some small object immediately prior to the attack.

Treatment. It is beyond the scope of the present communication to deal with the treatment of the organic forms of narcolepsy, for the relief of which therapeutic measures must be directed towards the cause. As regards the psychogenic forms we have the following methods of treatment at our disposal:

1. Simple explanation and encouragement.
2. Hypnotic and post-hypnotic suggestion.
3. Preliminary psychological investigation with the revival in a hypnoidal condition of the emotional experience on which the attacks depend.
4. Complete psycho-analysis.

It is very rarely that simple explanation has the slightest effect, and in my experience hypnosis and post-hypnotic suggestion is equally unsatisfactory. Although this method may abolish the attacks, such relief is, as a rule, only temporary. In this connection Myers(17) points out that it is a well-established fact of experimental psychology that one process does not destroy but can at most merely inhibit an antagonistic process, and that other things being equal the older process tends to outlast the later acquired activity.

The forms of gross suggestion that have been employed in the attempt to relieve narcoleptic attacks (*e.g.* false operations, trephining (as in Carlill's(5) case), without impugning the purity of motive of the physicians concerned, cannot be too strongly condemned.

I believe the most satisfactory of the shorter methods of treatment to be (1) a preliminary modified 'psychoanalysis' with a detailed investigation into the history of the onset of the attacks, and of the individual, followed by (2) reconstruction of the origin of the narcolepsy, or of the emotional experience giving rise to the condition, under light hypnosis. It is well known that a light degree of hypnosis is most effective for the process of reassociation, and its value, for the elicitation of memories which one is unable to revive in a waking state, is undoubted. The following is an example of a case of narcolepsy which responded favourably to this form of treatment.

F. L. T. aet. 21, was first seen on March 22nd, 1920, the diagnosis being one of traumatic minor epilepsy.

History. No illness of any importance prior to war service; no previous fits or nervous disorders. His mother suffers from Graves' disease; family history otherwise negative.

He enlisted in the R.A.F. in March, 1917, was commissioned in December, 1917, and proceeded to France in April, 1918. Having made several successful observations and bombing flights soon after arrival, he was acting as observer on one occasion during May, 1918, when his aeroplane came under the fire of enemy anti-aircraft guns at fairly close range; one shell exploded underneath the machine, whereupon his pilot lost control and a crash resulted. F. L. T. was apparently thrown upon

his head and lost consciousness; he 'came round' about an hour later in a dressing station, and while he was still an inmate there was bombed by enemy aircraft. He felt very nervous but immediately fell asleep; these attacks of sleep recurred almost daily even after he was evacuated to England. After a few months the attacks averaged three per week. Finally, he was discharged from the Army in much the same condition in February, 1919.

Condition on admission. He states that all attacks are diurnal and are preceded by no warning whatever. He was unable to assign any causes to individual attacks. Following the attacks, he occasionally became emotional and also suffered from intense headache. He was depressed, somewhat irritable, and stated that he was too nervous to go to sleep at night; dreams were few and far between and were not of a startling character. He had a definite fear that he would become insane. At this time, owing to erroneous diagnosis of epilepsy, he was taking 30 grains of potassium bromide a day, and two drachms of paraldehyde at night, and was not allowed to go about alone.

The physical examination did not reveal any evidence of organic nervous disease; he appeared very apprehensive, and exhibited slight general tremors. He said the last attack of sleep had occurred on the previous day, quite suddenly while he was talking to a nurse; he recollected sinking down but remembered nothing further until he found himself in bed with an intense headache. He related the history of the crash and the development of the nervous disorder quite clearly and without any sign of increased emotion.

Progress, etc. Following a detailed investigation of his case history, the first step was to bring about the omission of the paraldehyde and a rapid reduction in the amount of bromide he was taking. As a result there was no appreciable increase in the frequency or severity of the sleeping attacks, and after three weeks bromide was stopped entirely. A further discussion of the experiences of the crash, and an endeavour to revive in the waking state the emotions associated with it, did not meet with any success. In the meantime he was encouraged to go about alone. At his next visit, he was lightly hypnotised and the 'crash' experience again revived. After a few preliminary suggestions that he was in the air, over the enemy lines, and was apprehensive of crashing, he went through the whole experience without any further exhortation, and exhibited all the emotion that one would associate with such an experience. He trembled, sweated, and clung to imaginary stays, and finally finished by shouting, "We are going to have a hell of a crash."

Incidentally I ascertained that a thought of a crash or similar accident had immediately preceded his attacks of sleep. From that time, which was in June, 1920, he has had no more attacks, has quite lost his fear of insanity, and has worked continuously as an election agent, passing through the stress of a general election.

C. S. Myers(17) has also recorded a case which was much relieved by the revival under hypnosis of a repressed incident in which the patient was face to face with an orang-utang and had to shoot the animal. In this case there was no emotional abreaction during the return of the lost memories, and from this case and others Myers concludes that for a successful result an emotional 'abreaction' during the revival of the dissociated memories is not essential. He believed that it is not the emotional component of the experience that is primarily repressed, but the 'unpleasant' component (cognitive experience) and that the resistance against revival expresses the inability to admit the unpleasant, not the inability to face the emotion. Of the veracity of this latter view I am not entirely convinced, as I have seldom been fortunate enough to obtain a satisfactory result in any form of neurosis by a mere revival of a repressed experience in the absence of an emotional component.

REFERENCES.

(1) Abrahamson. *Journal of Nervous and Mental Diseases*, LII. 193. (New York.) 1920.
(2) Achard. *Paris Med.* 209. Sept. 18th (38th year). 1920.
(3) Ballet, G. *Rev. de Med.* 925. 1882.
(4) Camus and Roussy. *Bull. et Mem. Soc. Med. des Hôp. de Paris*, XLVI. 1238. 1922.
(5) Carlill, H. *Lancet*, 1128. Dec. 20, 1919.
(6) Economo. 35th "Congress of Internal Medicine." Vienna, 1923.
(7) Féré. *Semaine Medicale.* 1893.
(8) Friedman. *Zeit. Für. Neurolog.* XXX.
(9) Gélineau. *De la Narcolepsie.* Paris, 1881; *Gaz. des Hôp. de Paris.* 1880.
(10) Gowers, W. *Diseases of the Nervous System*, I. 953. 1888.
(11) Guthrie. *Allbutt and Rolleston's System*, VIII. 814. 1910.
(12) Hall, A. J. *Lancet*, 739. April 14th, 1923.
(13) Janet. *Major Symptoms of Hysteria.* Paris.
(14) Jelliffe and White. *Diseases of the Nervous System.* 1919.
(15) Külpe, O. *Outlines of Psychology.* 1909.
(16) Lamarcq. *Rev. de Med.* 1897.
(17) Myers, C. S. *Lancet*, 491. Feb. 28th, 1920.
(18) Oppenheim. *Diseases of Nervous System*, II. 1117. 1911.
(19) Stewart, Purves. *Diagnosis of Nervous Disorders.* 1911.
(20) Stoddart. *Mind and its Disorders.* 1921.
(21) Thomson, J. *Brit. Journ. of Children's Diseases*, XX. 1923.

PSYCHO-ANALYTIC VIEWS ON SOME CHARACTERISTICS OF EARLY INFANTILE THINKING[1].

By KARL ABRAHAM (Berlin).

Psycho-analytic interest is focussed on the question of the origin of psychic phenomena. In terms of psycho-analysis the problem is this: By what instinctive forces, conscious and unconscious, are these phenomena determined? The analysis of psychological products regularly reveals in them the combined workings of the 'ego-instincts' and the 'sexual instincts.' Psycho-analysis attributes to the latter a far wider significance than that ascribed to them by other schools of thought. It is not necessary for the purpose of this paper to enter upon a discussion as to whether psycho-analysis is right in this respect; the task before us is a more general one.

Psycho-analysis took as its starting-point the investigation of neurotic symptom-formation. But the more thoroughly was the psychogenesis of a symptom explored the more definitely did the associations of the patients lead back into the past, and ultimately to early childhood. In this way certain necessary hypotheses suggested themselves with reference to the instinctive life, and especially the sexual life, of the child, which were in opposition to the traditional views. These hypotheses were confirmed by direct observation of children, and thus we attained new points of view about the psychology of childhood. Amongst other results we came to know that thinking in early childhood is in a special degree under the influence of the instinctive life. My intention now is to show how certain phenomena of infantile thinking are determined by peculiarities, with which we are familiar, of the instinctive life of the child. As the title of this paper indicates, I do not pretend to give an exhaustive account of the subject; I am conscious of the fragmentary character of my essay.

Thinking is the intellectual side of our relation to the outside world; it is based upon sense-perceptions, the experience of the individual. At the earliest period of our lives the contact with the outside world which is of the greatest practical significance is made by means of

[1] Read before the International Congress of Psychology at Oxford, on July 31st, 1923. Translation by Cecil Baines.

the mouth. The twofold importance of the mouth as an organ of nourishment and an erotogenic zone is a matter which, as I have said, I do not propose to discuss here. Without passing any judgment, therefore, as to the correctness or otherwise of that psycho-analytical conception I will merely lay stress upon the fact that at this earliest period of life the instinct of sucking is the most powerful one that there is. At a rather later stage the instinct of biting acquires a similar importance. It is only gradually that the child apprehends the outside world by means of eye and ear. The tendency to put every object into his mouth and chew it with his teeth, with a view to completely incorporating it, becomes strikingly evident from the moment that his hands have the power of grasping. To the child at this stage the outside world consists of all those objects which delight him and which he would like to incorporate in himself but has not as yet so incorporated. The ego and its interests are more important than the object-world. At the stage of the primitive pleasure in biting there is as yet no inhibition to check the destruction of objects: the child is still wholly without adaptation to the outside world. In the realm of the ego-instincts egoism is wholly dominant, as is narcissism in that of childish sexuality. Thus we see that the child's primitive attitude towards objects is a simple matter of pleasure or pain. The outside world is regarded purely subjectively according to its effect, pleasurable or painful, upon the ego. This is true to a considerable extent with regard to the thinking of adults as well, but there is nevertheless a great quantitative difference in the two cases. In adults the function of consciousness has a moderating and regulating influence upon the instinctive life; consciousness has the power of confronting the impulses with criticism and applies to our desires the standard of reality.

Thus the psychic attitude of the young child towards objects is determined simply and solely by the pleasurable or painful effect produced upon him by those objects. Side by side with this important fact of the infantile mental life let us hasten to set another phenomenon which is closely related to it. I refer to the discovery that, when two objects arouse in the child similar feelings of pleasure or of pain, he proceeds unhesitatingly to *identify* them. The critical mode of thinking by which we compare and *differentiate* is wholly absent at this early stage. A few examples may serve to illustrate this mode of thinking by identification which belongs to early childhood.

A little girl of eighteen months was somewhat afraid of dogs. If she saw one she would cry out in alarm: "Bow-wow bite!" ("Wau-wau

bei't"). When winter came and the house was heated she once went too near the stove and burned her hand slightly. She began to cry, saying "Bow-wow bite!" The fact that a dog that bites and a hot stove both hurt was enough to make the child identify the two. Because the hot stove hurt her it was a bow-wow.

Another baby, about two years old, spent much time by the cage of a canary which she kept on calling by its name "Hans." One day she called a feather dropped by the bird "Hans" and after that she gave the same name to all feathers and before long to one of her mother's hats which was trimmed with feathers, to her mother's hair and to her own, to a soft cushion and so on. Everything which felt soft was in her language "Hans." To the adult, whose thinking differentiates, a canary and a woman's hair are two very different things. Thought which differentiates will ascribe to both the same quality 'soft,' but in so doing it will not neglect the more important differences between the two objects.

We find analogous thought-processes amongst primitive peoples. The primitive form of thinking persists moreover in the symbolic mode of expression as we meet with it in myths and fairy-tales of different races and in the dreams and other phantastic creations of individuals. As the child grows older he finds great scope in play for thinking by the method of identification, though of course he has by this time become conscious of the imaginary character of his play. One example will suffice to illustrate my meaning: A boy of seven years old, when out for a walk, removed some scattered pieces of paper from the pavement with a stick, saying as he did so: "I am the old general!" A retired general did as a matter of fact live near the boy's home and made it his business to keep the street tidy. In his play the child identified himself with the general simply on the strength of the imitation of this habit of his. To adult thought a vague analogy of this sort is trivial and could never be made the basis of an identification of two persons.

Owing to this peculiarity of infantile thinking it is possible for any person who acts in the same way as another has done previously quite easily to take the latter's place in the child's mental life. A little boy had lost his father in the War. An uncle took charge of him and gave him much affection, and it seemed as if the child was on his side much attached to his uncle. In about a year's time the latter died, whereupon another relation appeared on the scene with the intention of taking charge of the little orphan. It happened that the child was asked if he were sad because his uncle had died. The boy, who was four years old

at the time, answered: "Oh no; you see we have the other uncle now and he gave me a piece of bread and marmalade twice."

It is only gradually that differentiation in thinking establishes its claims. An important motive in this process is the child's tendency to emphasize points in which he is superior and thus to contrast himself with the outside world. A two-year-old boy was asked if he liked his new baby-sister. The child, who was not yet able to frame connected sentences, answered quickly: "No teeth...red...smelly!" It is easy to see that the leading motive in this typical way of comparing himself with little brothers and sisters is the child's narcissism.

Another and particularly interesting instance of identification should be mentioned here, and that is the substitution of animals for people in the animal-phobias of children. Psycho-analysis succeeded in proving that in these cases there is regularly an identification of the father or mother with an animal. Here the psychological process is clearly exactly analogous to the phenomena of the animal-totemism of primitive peoples. Originally the prevailing tendency in the child's relation to objects was the desire to incorporate them in itself. Gradually this aim is replaced by another, namely the craving to possess and master the object. "I want, I want!" ("Haben, haben!") is the phrase with which the child reacts to the sight of any object. This attitude towards the object includes a tendency to preserve and protect it and this is the first step in the direction of adaptation to the outside world; it is on this basis only that *the adaptation of thought to reality* is possible. We cannot follow out this process of adaptation in detail here.

Even at this stage of intellectual development the child is still far removed from adult modes of thinking. The influence of narcissism on his thinking is still paramount and is seen particularly in his ideas of his own power. He ascribes to his desires and thoughts an unlimited omnipotence which can so operate on the outside world as to effect changes in it. Only gradually does his critical faculty teach him the bounds which are set to his influence upon that world. To follow out this process further would be a tempting task and, if we did so, we should be able to convince ourselves that in its later stages it is intimately connected with the child's attitude towards those with whom he has the closest relations. Here we enter the sphere of the 'Oedipus complex' which embraces the most important phenomena of infantile sexuality.

In this paper it is not possible to do more than indicate briefly the subsequent fate of the child's ideas of omnipotence. They become dis-

placed on to some being who is endowed with peculiar authority (father, God).

To return once more to the manner in which thinking in early childhood is dominated by the pleasure-principle, I want further to call attention to the fact that free thinking, unadapted to reality—that is to say, phantasy—is in itself an important source of pleasure. Children play with thoughts as with toys and just on that account logical thinking, in accordance with reality, replaces only gradually this pleasure-giving play.

Thus we see that, in childhood, thinking is far more influenced by the instinctive life than in riper years. The regulative factors which are derived from the repression of the instincts have not as yet been brought to bear upon it.

Psychology has busied itself much with the development of the intellect in children, but it has generally treated the subject from points of view very different from that of psycho-analysis. Either the interest has been focussed on purely quantitative processes, as, for example, the number of words that a child learns within a given period, or else only formal phenomena have been taken into consideration—for instance, the child's capacity for expressing his thoughts in the form of sentences. These problems are deserving of the greatest interest, but the development of infantile thinking includes a number of questions which are not generally regarded but must take the chief place in our discussion.

Psycho-analysis urgently calls attention to the importance of infantile instincts in the evolution of thought. Our justification for laying so much stress on them must be that in the evolution of both the individual and the race the instincts are earlier than thought. Psycho-analysis therefore takes the position that it is impossible to give a correct account of any mental phenomenon without thoroughly analysing its instinctive determination.

A NOTE ON SEX DIFFERENCES, FROM THE PSYCHO-ANALYTIC POINT OF VIEW

By S. S. BRIERLEY.

I. *Introductory.*

The psychological problem of sex differences shares with other psychological inquiries, in contrast to the problems of the physical sciences, the essential difficulty that the very facts under discussion, the particular trends and mechanisms at issue, may themselves colour our observations and influence our judgments. These inherent difficulties would seem to be unusually great with this problem, for a study of both popular and quasi-scientific literature on the subject gives one the impression that there is nowhere a greater confusion between what is and what 'ought' to be the truth, what is and what we should like to be the truth. To the psycho-analyst, this is scarcely surprising; for it is clear that the question of sex differences must be peculiarly liable to affective judgments, since from its nature it lies so close to the major elements in the unconscious life of both men and women. Indeed, a study of the unconscious factors in opinion and belief on this matter would indirectly be, in large measure, a psycho-analytic study of the sex differences themselves. One knows that no one is exempt from these influences; but one has, nevertheless, to press forward with at least the intention of objectivity, and with the hope that awareness of the nature of some of the pitfalls in one's path may somewhat lessen the risk of falling into them.

The total differences between the sexes in the human species may be divided, for the purpose of this discussion, into three groups, (*a*) the primary anatomical differences, (*b*) the secondary sex characters, and (*c*) the psychological differences. These three groups are by no means independent of each other, but the relation between them is highly complex and to some extent variable. I refer to the primary distinction between male and female as 'anatomical,' for a good psychological reason. The strict definition of maleness and femaleness is in physiological terms, a female being any individual organism producing egg-cells or ova which, after uniting with cells of different character derived from a male, give rise to new organisms. Normally, however, this egg- or sperm-producing power is accompanied by the appropriate external

genitalia; and these constitute for the ordinary mind the gross physical distinction between male and female, awareness of which is the fundamental and primitive content of specific sex consciousness, reverberating profoundly, as psycho-analysis has shown, throughout the mental life as a whole.

The second group of differences, those known as the secondary sex characters, covering differences in the skeleton, musculature, rate of growth, skin, hair, voice, gait, and the other obvious or more subtle physiological sex characteristics, are now, as is well known, attributed to the internal secretions of the essential reproductive organs, acting in conjunction with the secretions of the other ductless glands. They are, in fact, an expression of the total and highly complex metabolisms of the male and female. Here, however, as both common and more exact observations show, we do not find the sharp distinction between male and female which normally occurs in regard to primary maleness and femaleness. As might, perhaps, be expected from the number of variables which enter into the determination of these characters, we find, within the range of normality, an indefinitely graded series passing over from the typical male to the typical female, the great majority of actual men and women lying somewhere in between the completely feminine female and masculine male. This, again, is a fact of considerable psychological importance. It is so directly, since our third group of sex differences, the mental, are in their turn determined, at least to some extent, by the action of the endocrine secretions, and would for many purposes be included in the secondary sex characters. This is generally held to be true of emotional and temperamental characteristics, at least. And the serial gradation of actual men and women between the typical male and female, so easily to be observed in the more obvious differences of outward structure, affords a strong presumption that there will be no sharp line of difference in the case of the subtler emotional and temperamental characteristics, but that every degree of difference will be found. A study of the experimental evidence suggests that the gradation is even smoother in the latter than in the former respects. In any case, it is clear that any thorough study of the problem involves not merely the identification of the sex groups, for purposes of comparison, with the mean difference found rather than with the extreme case, but also a reference to the actual curve of distribution, to the degree of scatter of the differences.

This fact of the gradation of the secondary sex characters, including the emotional and temperamental, and the contrast of this gradation

with the sharp primary distinction of maleness and femaleness, is also of importance indirectly, for it will have to be kept in mind at a later stage of the discussion, when the question of predisposing factors in the 'castration-complex' has to be raised. We may content ourselves at this point with suggesting that some of the psychological differences actually to be observed between grown men and women must be, not so much *secondary* sex characters, as *tertiary*, the offspring of the self-consciousness of sex, of the intense primitive awareness of the primary sex distinction. We are here in contact with the problem which most students of sex differences have kept in mind, viz. how far the observable differences are innate and how far acquired, being in the latter case the result of suggestion, custom and tradition, and, psycho-analysts may add, an expression of the 'castration-complex.' To take an example, how far the generally acknowledged imitativeness of women, their readiness to follow a plan laid down for them, their comparative lack of initiative and originality, are innate, or due to the effect of a tradition of sexual modesty and submissiveness. This is an obscure issue, and one which experimental methods have so far been unable to decide. Neither is the psycho-analytic method yet able to give a full answer. It does, however, throw some valuable new light upon the problem; and that, mainly because this question of sex differences is essentially a *genetic* problem, and must in the end be approached from the standpoint of a genetic psychology. In this respect there is a striking parallel between the history of this study and that of criminology. Not so very long ago, criminology was a mere accumulation of facts about adult criminals. It was what one might call a fortuitous concourse of atomic facts; and it was this condition which made the Lombrosian theory possible, the theory being an attempt to substitute a speculative evolutionary dynamics for a concrete individual history. The science did not begin to move until it shifted its attention from the adult to the child, and the individual genesis of the criminal was studied. So with our present problem; a static enumeration of mental differences between the adult man and woman has only limited scientific value. What is needed is a genetic study of the individual boy and girl. And the psycho-analytic method is essentially genetic. The time would thus seem ripe for a brief review of the new facts as to sex differences which psycho-analysis has been able to bring together in the pursuit of its individual studies.

There is a further reason for looking to psycho-analysis for important contributions to this problem. It is becoming increasingly clear to students of sex differences that those differences are greatest in the

region of emotional and temperamental characteristics, and that the factor of *interest* is the key to such intellectual differences as are found in practical life. The experimental studies of sex differences[1] in the cognitive processes, while scantier than one could wish, and sometimes based upon too few or too unrepresentative cases, are on the whole convergent in tendency. That tendency is to minimise the extent and significance of sex differences. There appears to be little or no difference in the mean level of general intelligence and the higher mental functions; where any has been shown, it has been negligible in comparison with the extent of individual variations. Differences with regard to specific mental functions, particularly those on the lower mental levels, appear to be somewhat greater in degree and general significance; but even here the range of individual variation is too wide to allow the sex group difference any great weight. (The range of individual variability itself appears to be the most striking sex group difference found, being, on all counts and with regard to most measurable qualities, greater in the male than in the female.)

It is, however, in those tests in which the detailed nature of the task to be performed is prescribed by the conditions of the experiment, those designed to measure quantitative differences in one or two determined qualitative processes, as for instance tests of controlled association, memory, and reasoning, that the sex differences turn out to be minimal. Where the task given is less rigidly fixed by the conditions of the experiment, and subjective factors have free play, as in experiments on free association, positive and significant sex differences appear, in the form of divergent 'interests.' And interest is the bridge between the cognitive processes and the emotional and temperamental aspects of the personality. Following on this hint, and led by the recent general development of the psychology of emotion and instinct, the student of sex differences has seen the focus of attention shift from the intellectual processes to the conative and affective. It is in this field however that the psycho-analytic method is an indispensable instrument of research, and we must therefore turn to it for any specific contributions it has to offer to the problem of sex differences.

[1] See, for instance: (1) Thorndike, *Educational Psychology*, III (Columbia University, 1914). (2) Burt and Moore, 'The Mental Differences between the Sexes' (*J. Exp. Pedagogy*, 1911). (3) Burt, *Mental and Scholastic Tests* (King and Son, 1921). (4) Burt, 'The Development of Reasoning in School Children' (*J. Exp. Pedagogy*, V). (5) Jastrow, in *Psychological Review*, III. (6) Thompson, *The Mental Traits of Sex* (University of Chicago Press, 1903). (7) *Report on Differentiation of Curriculum between the Sexes* (H.M. Stationery Office, 1923).

It is not hoped to do more in this brief note than to state the nature of the problem from the psycho-analytic point of view, and to hint at possible specific lines of inquiry.

II. *Analysis of genetic problem.*

An analysis, from the genetic point of view, of the problem of sex differences leads to the following necessary lines of inquiry: (*a*) What are the primitive and specific differences between male and female in the nature of the sex impulse itself? (*b*) Are there any differences as regards the relation of the sex impulse to the ego trends? (*c*) Are there any psychological mechanisms characteristic of male and female? (*d*) What differences are there in the external relations of the male and female child, and in the problems of adjustment set for each by these external relations? (*e*) Finally, what are the relations between all the foregoing factors and the observable differences in the general mental life of adult men and women? It is important to distinguish these aspects of the problem, although it is hardly practicable to keep them quite separate in the discussion, since they are so closely interwoven in the facts.

(*a*) With regard to the nature of the sex impulse, it is clear that we must take into account not only the normal sex reactions of the adult, but infantile forms of sexuality also, since we are making a genetic study. The classic writers on the subject of sex differences, and all pre-psycho-analytic students have dealt only with the mature sex impulse. Speaking of this first, there can be no doubt as to a specific difference between male and female in the nature of the impulse, as regards the essential sex act and the fore-pleasures preparatory to it. The male impulse is from the nature of the case relatively active, the female relatively passive; and this complementary activity and passivity are in part an expression of the sadistic-masochistic components of the impulse, and in part of the greater freedom of the object-libido in the male, and the greater narcissism of the female. This distinction as to activity and passivity is not, of course, an absolute one, and it refers to the form or aim of the impulse, rather than to its inner character, since the libido, as Freud points out[1], is in one sense always active. It is, however, a sufficiently deep distinction to justify us in speaking of the male sex impulse as predominantly active, and of the female as predominantly passive, as far as the act of coitus and the immediate preparatory stages are concerned. These are not the whole of the sex reactions of the

[1] Freud, *Three Contributions to the Theory of Sex*, p. 79.

adult; but as soon as we leave them for the region of what we may usefully call the courting phase (using this term not in the narrow sense of a specific social custom, but in the biological sense, as covering all the phenomena of the preliminary stages of sex attraction), we find ourselves already very far from pure impulse, and at the point where the question of innate and 'acquired' differences arises. We already have here what we described as *tertiary* sex differences, which are not so much the direct spontaneous expression of the essential metabolisms of male and female, as of the interplay of these with the self-consciousness of sex. Moreover, we are not here dealing with the sexual trends alone, but with complex psychical formations in which the ego-ideal is a considerable determining element. The whole ground is so complex and obscure that I shall not attempt to cover it, but will content myself with a brief reference to some of the factors entering into female modesty, as illustrative of the difficulty of disentangling inherent differences between male and female from conscious and unconscious sophistications.

We cannot doubt that there is an organic element in female modesty, that in so far as it is what we may call a relative sex inertia, a passive waiting for stimulation by the active approach of the male, it is a secondary sex character, and is intimately bound up with the profound cycle of the reproductive processes in the female, contrasted with the biological freedom of the male. And even where modesty passes over into actual coyness, into a withdrawal at the first signs of pursuit by the male, it may still be regarded as a simple secondary sex character, because of its obvious biological values, serving to heighten the excitement and efficiency of the male in the sexual act. These aspects of modesty in the human female are shared with infra-human creatures, and we must regard them as direct expressions of innate sex difference.

This organic core of sexual inertia and reticence is liable, however, in the human female, to undergo various degrees of reinforcement and exaggeration, until, as we know, it may even reach to an entire unawareness of sexual desire and an entire ignorance of the facts of intercourse and reproduction, in otherwise highly informed women. But, apart from such pathological exaggeration, a more normal modesty and reticence still appears, on psycho-analytic evidence, to be in part an expression of what we have called the self-consciousness of sex, acting through the familiar 'castration-complex.' The shame of having no penis, of bearing only the wound which is itself a sign of having been despoiled of the phallus, and of enduring the menstrual flow, which is in turn for unconscious fantasy a confirmation of the wound theory

of the female genitalia, this shame is a powerful element in female modesty. It receives further reinforcement from the disgust arising from the proximity of the excretory apertures to the sexual centre, a disgust attaching itself also to the menstrual flow, which commonly tends to be thought of as an excretion. This disgust is, of course, itself a reaction barrier to primitive excretory and 'perverse' interests, the strength of which reaction is the outcome of human self-awareness. Since, however, the excretory processes occur in the same relation to the organs of sexual pleasure in men, this cannot be the differentiating element in female modesty, save that there is the additional source of disgust in the menstrual flow in women. The main differentiating factor would undoubtedly appear to be the castration shame. And in the castration shame the ego trends, or at least the libidinous components of the ego, are inextricably interwoven with the more strictly sexual elements. The pride of possession and the pride of power on the male side, envy and chagrin at the supposed loss of these on the female side, are unmistakeably egoistic trends, and indeed, from one point of view, the castration-complex might well be said to be an expression of the instinct of self-preservation. The prototypes of castration, the loss of faeces and deprivation of the nipple, undoubtedly have both libidinous and egoistic values, and the genitalia themselves must lie at the very heart of the bodily and social self. I shall presently raise more fully the question of the relation of the sex impulse in male and female to the ego trends, and at the moment am only concerned to point out the egoistic elements in female modesty, which will have some bearing on that further discussion.

Turning now to infantile sexuality, it would not appear that the normal differences in reaction between male and female are here so marked. In the pregenital phases, oral and anal conditions would appear to be the same in boy and girl. The one important difference is with regard to urination. The differences in structure must from the beginning carry with them corresponding differences in organic sensation, characteristic of each type of urinary experience; and we have ample evidence of the great personal significance assumed by the process of urination as soon as visual attention and comparison can be directed to it. Urination, in its characteristic form in the two sexes, is of importance not only because of its direct libidinous value, and its direct organic contribution to the primitive ego, but also because of its role in infantile fantasies of love and power. Moreover, it introduces a difference in the earliest phase of genital sexuality, since the genital zone and the urethral

coincide in the male, whilst in the female they are relatively distinct. Apart from the urethral elements, however, the earliest phase of genital sexuality would seem to be little differentiated as between boy and girl, since the main genital centre in the girl child is the clitoris, the homologue of the penis, rather than the vagina, its complement. The girl child under four or five years of age is not noticeably less positive, active, sadistic and exhibitionistic than her brother, and knows little of the modesty and passivity of the normal adult woman. She is, in fact, characterised by what we may call the clitoral attitude. There are, of course, individual variations here as elsewhere; but there is no marked group difference in the nature and direction of the sexual impulse in the earliest years. There is, indeed, no very great divergence as regards activity and passivity before the onset of adolescence, but the first hint of difference occurs during the first great period of object-love, from two to seven years. This would appear to be in part organically conditioned, since recent physiological research has shown that there is a period of activity of the interstitial glands of the reproductive organs during these years, which is later followed by a phase of quiescence, until the time of full ripening in adolescence. This organic stimulus must bring with it the first predisposition to the characteristic sex attitude of male and female; and probably also conditions the psychological tension of interest in the problems of sexual relations and the facts of birth, which we know is characteristic of the period. Then comes the first action of what we have called the self-consciousness of sex, and the pride of possession and power in the male child is set over against the envy and sense of loss in the female. The evolution of female modesty appears to begin here, a process which is not complete until the chief centre of sexual excitability has passed over from the clitoris to the vagina, carrying with it the appropriate change in mental attitude.

The normal passivity and reticence of the adult woman is thus seen as a goal to be reached by normal development, rather than as a condition inevitably given in the primary fact of femaleness. Indeed, we know that it is a condition which a not inconsiderable portion of women fail to reach, who remain in the clitoral attitude of the girl child, and are anaesthetic to vaginal stimulation. Yet although characteristic femininity is not irrevocably given in the female constitution, but is rather the end result of a long process of development involving the interplay of many complex factors, we cannot doubt that there is an organic predisposition to it, a tendency to the organisation of those factors under the dominance of the primary condition of femaleness.

If this account of the history of differentiation in the nature and direction of the sexual impulse is sound, it would almost appear as if that differentiation were chiefly on the female side, as if in the course of development the female had to turn aside at various points from the more or less straight line normally kept by the male, from infancy to maturity. There is certainly a good deal of evidence that the sexual history of the female is in some respects more complex than that of the male; and this, I think, will be still more clear with regard to the relation of the sexual impulse to the ego trends, which we may now take up.

(*b*) We may put the problem in this way—how far are the activity and passivity of the sexual impulse in male and female necessarily characteristic of the mental life as a whole, in each? Does the deep and pervasive physiological and psychological differentiation of sex go down to the very roots of the ego? Is the female ego essentially different from the male? Is it penetrated with the passivity characteristic of the female sex impulse? This is a view which common observation would make foolish, and one which, so far as I am aware, has not been explicitly held by any serious writer, although there have been many whose mode of statement of sex differences has verged, perhaps unintentionally, towards this. I might instance Mr Walter Heape, and to a less degree Professors Thomson and Geddes, and even Havelock Ellis. Thomson and Geddes, as is well known, hold that in a profound biological sense, maleness *is* activity, and femaleness *is* passivity. Starting from the striking difference in the size and motility and physiological characteristics of the sperm and the ovum, interpreted in the light of the evolution of sex from unicellular organisms onwards, they base their theory of the essential nature of sex on a primary and fundamental differentiation, towards katabolism in the male and anabolism in the female. It would be of great interest in our present connection to attempt to bring this widely accepted view into relation with Freud's recent reflections on the katabolic death instincts. It would lead us to the conception of the male as the representative of the individual, of the soma, which dies; and of the female as the representative of the life of the race, of the immortal germ plasm. It is tempting to develop this, but to do so would lead us off the main path of this note, which is to unravel the concrete psychological problem of the detailed development of male and female—or, rather, to suggest the directions in which this may be possible. It is clear that the generalisation just suggested, or even the emphasis which Thomson and Geddes place on male activity and female

passivity, can only have any truth so long as it is stated in the form of an abstract *tendency*; it becomes ludicrous if pressed too far, and is methodologically unsound if it is allowed to obscure the contradictory elements, and to draw us from the detailed study of the concrete facts. It is, I think, certain that the full psychological truth is much richer and more complex than has yet been made clear, owing to the pre-occupation of those who have theorised about the problem of sex differences with this generalisation as to the activity of the male and the passivity of the female. We have, in our final statement, to account for the anomalies of development, and to find room for the fact to which we have already referred, the fact of the range and smooth gradation of sex differences as actually observed, which we are quite unable to do if we over-simplify our problem from the start by the lure of this great generalisation.

I would suggest that the real psychological situation is something as follows: The ego trends, whether in male or female, are inherently and always, in themselves, positive, active and katabolic. In the male however, they harmonise in nature and direction with the sex impulse; whereas in the female they are in essential and perpetual conflict with the latter. (I am, of course, here speaking of conflict, not in the general sense in which the sex impulses as such are in conflict with the ego trends as such; but in a special sense relating only to the character of activity and passivity of the sex trends in male and female.) It is not that the female ego is inherently and from the first permeated by sex characteristics, nor indeed that the male ego is so; but rather that the essential characteristics of the ego are in the one case reinforced, in the other strongly modified and limited. And, as we have already seen in our discussion of female modesty, this reinforcement in the one case and limitation in the other is partly a physiological process, due to the direct action of the endocrine secretions, at various periods of normal development, on the general somatic and nervous tissues; and partly also a psychological process, moving in the paths familiar to us as psycho-analysts. Hence the possibility of the anomalies which occur, of the masculinoid woman and the feminoid man, and of all the more normal range of individual differences to which we have already referred. If the feminine ego were inherently and from the start feminine, there clearly could not be any conflict between the demands of the individual life and biological destiny, in the female. There would be no need for an '*ideal*' of femininity or modesty, no question of what are desirable qualities in a woman, or suitable occupations and recreations for her.

And there could certainly be no such thing as a 'castration-complex,' in which, as I have suggested, the ego trends play such an important part. In every case, the woman would accept herself and her destiny without knowing that there was anything to accept. As indeed, the larger proportion of women actually do; but the anomalies and exceptions have shown that this is by no means a simple inherent state, but is, as we have put it, the end-result of a long and complicated process of development. And it is the details of this development which we have as psychologists to inquire into.

On this view, then, briefly, the male and female infant are alike in the general character of the ego trends, and at first hardly differentiated in their sexuality. The little girl is almost as positive, active, sadistic and exhibitionistic as her brother, inevitably showing in her earliest love situations the clitoral attitude, as we have called it, rather than the reticence and modesty of her elder sister. But presently, towards the end of the first period of object-love, a hint of the divergence of the sexual and egoistic trends is seen in the girl child and of their convergence in the male, a phenomenon repeated more dramatically and on a much larger scale, with the onset of adolescence. And throughout the period of development there is a complex interplay, on both physiological and psychological levels, of the egoistic and sexual components of the personality.

The basic biological facts have often been stated, that the reproductive functions of the female set very definite limits to the development of her individuality, keeping her closer to type than the male, in whom, as we have seen, there is a greater range of individual variability. On the psychological side, it means that in the woman the reproductive functions and the qualities of femininity itself have to be taken up into the ego-ideal, so as to transform the initial power elements of the ego trends, in harmony with the character of the sex impulse and biological destiny. It is clear that the problem of reconciliation of the ego and sexual trends is more complicated for the female than it is for the male. Male sex activity becomes, indeed, the prototype for all activity, for the ego trends themselves. The penis is the organ of power and of knowledge; and in the fantasy of male and female alike, the first actual power experiences, the possession and expulsion of the faeces, are later equated to the male organ. Castration fantasies are not, of course, peculiar to the female mind; the essential difference is that the female ego has *in reality* to become reconciled to what is expressed on the unconscious level as castration. There has to be a reconciliation to the

loss of the penis, to the limiting of the direct expression of the power tendencies, to the transformation of the ego functions. And, as we know, this transformation is brought about, not only by the incorporation of femininity into the ego ideal during the formative period, but, at a much deeper level, by the unconscious identification of penis—faeces—child. The loss of faeces *is*, for the unconscious mind, the birth of a child; and to bear a child, especially a man child, *is* to recover the penis. This is the egoistic element in the self-forgetfulness of mother-love. Or, for other women, the possession of a lover, or of many lovers, is the possession of a penis; and power becomes the power to attract and hold the desire of a man.

Castration elements must thus be present in the unconscious mind of all women, although they are not necessarily pathogenic, nor so marked as to deserve the name 'castration-complex.' They undoubtedly play a large part in the genesis of that state of total repression of sex interest and sex knowledge in highly educated women, where there is present a strongly marked ego development with a complete repudiation of even the existence of sexual facts.

This would raise for us the question of what are the predisposing conditions to the development of a castration-complex, in women. (I confine myself here to women, because I am inclined to think that the genesis of the complex in men is related much more to the Oedipus situation, than it is to the question of sex differences—although there are of course important common elements.) I would suggest that the predisposing conditions fall into four groups. (1) Circumstantial; which I mention first, not because I think them the most or the least important, but because there is so little to say about them. We do not yet know what they may be, although we cannot doubt that they are operative. In discussing the external relations of the child presently, we shall come near to this issue. (2) The fact, to which I am inclined to attach a good deal of importance, that the *awareness* of the primary sex distinction comes to the child well before there is any marked development of the appropriate secondary sex characters. To put it simply, the little girl discovers that she is short of what her brother possesses (for, of course, to the child and the primitive, it is a matter of the mere presence or absence of a single positive organ, as there can be no knowledge of the real complementary organs and processes of the female), long before the characteristically feminine emotions and impulses, conditioned by the endocrine secretions, have come into play to any extent, and long before the development of the breasts, the equivalent of the penis in

unconscious fantasy. (3) The fact that the secondary sex characters, including the emotional and temperamental, natively present every degree of difference from individual to individual. It will clearly be less easy for a girl child who is near the middle region of differences as regards type of energy, and instinctive and emotional endowment, to accept the supposed loss of the phallus, and effect the normal feminine transformation of the ego. The castration fantasy will in such a case tend to be pathogenic, for the conflict will be greater. Where there is from the beginning a more typically feminine organic and emotional setting, the psychological problem will be less acute. (4) We may consider also initial differences in anal and urethral erotism, which are unmistakeable elements in the complex, and are, as we have already noted, closely connected with the power aspects of the ego trends. Wherever we found stongly marked anal defiance and obstinacy in the girl child, we should, I think, expect to see hints of a castration-complex; and, conversely, wherever we found a well developed castration-complex, we should expect to find strong anal interests and dislike of interference in connection with the process of evacuation. (The most marked case I have observed of the castration-complex in a girl child, A., showed this very clearly. From the period of infancy onwards there was always a refusal to evacuate at the required time and place, the process being postponed as long as possible with every show of defiance and obstinacy, traits which were excessively developed in every direction. She was an unusually questioning, 'naughty' and unhappy child. In her second and third years, she developed the habit of drinking her bath water, and was on one occasion found drinking the water in which tadpoles had been kept. When about four and a half years of age, she persuaded her brother (eighteen months her senior) to cut off her hair, remarking "Now I am a boy." And was presently discovered in the act of swallowing some large object with great difficulty, an object which turned out to be her brother's whistle; her comment was "I didn't like the noise, so I hid it in myself.")

(*c*) We may now turn to our third question, that of whether there are any psychological mechanisms peculiar to or more characteristic of either male or female, a question which will occupy us only a few moments. It is, I think, probable that there is only one specific sex difference here, viz. that women show a greater tendency to *reaction-formation* than do men. We might take as examples, the greater frequency in women of over-devotion, over-conscientiousness, over-cleanliness and prudishness. But when we have called these reaction-formations, we

cannot leave the matter. Further analysis is required before anything very significant can be said. It is clear that two of our examples, viz. over-cleanliness and prudishness, are related to the processes we discussed in our last section, and two, viz. over-devotion and over-conscientiousness, to the problem we are to take up next, that of the external relations of the boy and girl. Over-cleanliness is probably the simplest case of reaction-formation; it is a strong disgust barrier erected against strong interests in the excretory processes; and, as one might expect, includes a marked masochistic element. The situation is more complicated in the case of prudishness, which is not a simple reaction barrier to a simple primitive tendency. It includes a pure reaction element, against the active sex curiosity and exhibitionism of the clitoral phase in the girl child; but it is more than this. As we have seen, it is in part the outcome of the castration-complex, a repudiation of the female role, and of the limits which this imposes upon the direct expression of the power elements in the ego trends. By denying sex, the childish interest in sex, and the fact of femaleness, are at one and the same time repudiated.

In addition to this specific fact of the greater frequency of reaction-formations in women, it is also clear that the total degree of repression appears to be greater, and more widely diffused, over the sexual life.

(*d*) We may now consider differences in the external relations of boy and girl, and in the problems of adjustment which these relations dictate. We may leave on one side the relations with brothers and sisters, since the situation varies so greatly with the number and relative ages of these; and content ourselves with a brief survey of the phases through which the boy and the girl travel in their relations with parents and parent surrogates.

The first phase, covering the intra-uterine and suckling periods is, of course, exactly similar for boy and girl. Both are sheltered in the mother's womb, both suffer the first great trauma of birth, both find nourishment and pleasure at the mother's breast, and have to endure the loss of the nipple at the time of weaning. Thus, for both, there is a stage when child and mother are one; and for both, the mother first means shelter, warmth and tenderness. And in each case the first interferences and discipline come from the mother, interferences with anal and urethral powers and pleasures; the mother is thus the first and most intimately personal authority, for both boy and girl. She is also, however, for both, the first object of love. When, in the child's second year of life, the growing ascendancy of the exteroceptors and the power of active exploration of the world establish more active relations

with the persons around him, there develops the gradual awareness of them *as* persons, and the movement of the libido outwards. The mother, with whom the child has had physical union, and who has served his most intimate personal needs, then forms the natural bridge between the phase of complete auto-erotism and that of developed object-love; she, as the first source of pleasure, is the first natural focus for the outward-flowing libido, whether in boy or girl. The child's first attitude to the mother is thus ambivalent; she is the first love, and the first hostile force, the emphasis on one or other of these aspects varying with the child and the characteristics of the mother. Behind the intimate figure of the mother is that of the father, more remote, more powerful, vaguer, and larger, coming and going more mysteriously and independently. And presently, with the gradual widening of experience and growth of intellectual power, he becomes linked with the great power symbols of the child's world, with the policeman, the soldier, the tram-conductor and engine-driver. He thus early becomes the more impressive figure of authority and power, an image which must be made immensely vivid and compelling where the young child is allowed to be witness of the marital embraces of the parents, as is most usually the case. This, again, must be true for both boy and girl.

During this same period, however, the sexual preferences of the parents, whether they find conscious or unconscious expression, begin to act upon the young child. The father is more easily indulgent and demonstrative with the girl child, the mother with the boy; the father is more ready to find fault with and to check the waywardness of his son, the mother to restrict and correct her daughter. This differentiated reaction of the parents must be the earliest stimulus to the differentiation of the sex object in the child; but very presently it is reinforced by the organic stimulus of the first functioning of the interstitial glands of the reproductive organs, bringing the earliest hint of secondary sex characters, and of differentiation in the sexual impulse, as we have already noted. And thus the sex preferences of the child himself are established. From this point there is an important difference between boy and girl, in external relations. We may follow out the boy's development first.

For him, the first infantile love-object, the mother, who drew his budding affection in the transitional period between complete auto-erotism and differentiated object-love, remains as the true and normal centre of his sex interest, and the prototype of all normal love-objects for him. The early discipline situations with the mother, her interference with excretory pleasures, are then sexualised, the faeces and urine

becoming love-gifts to her. And the father becomes the sexual rival, sexual hostility fusing with and heightening the ego-assertiveness of the boy child against power and authority. A normal condition of tension in relation to authority is thus set up in the boy, which is a constant stimulus to individual development. Thus, we have the same convergence of the sexual and egoistic trends with regard to the normal relations of the male child to his parents as we found to be the case with the internal nature of the sex impulse.

This, then, is the normal situation. Normality, however, is not a fixed and static condition or relation; it is a moving equilibrium, a broad balance of many complex tensions. And the normality we are considering may be disturbed in either of two directions. The normal Oedipus situation may be, as it were, either under- or over-stated; and we may usefully give brief attention to the resulting distortions of the boy's development, for comparison with that of the girl. Where, in the first instance, the mother is of a more dominating type than the father, or the father is withdrawn because of death, illegitimacy of the child or other circumstances, the mother remains the centre of authority, and the initial and infantile ambivalence to the mother is perpetuated. She becomes the love-object, but rather the undifferentiated love-object of the transitional phase than the normal heterosexual love-object; and the infantile hostility of response to her interference with oral, urethral and anal pleasures remains untransformed, and intensified. The original nuclei of the castration-complex, the compulsory loss of faeces and withdrawal of the nipple are reanimated, and the male castration-complex develops, castration in this case by the mother. The initial and of course inevitable assumption that the mother has a penis like the boy's own is retained and reinforced in fantasy; and since the external object is undifferentiated, the internal impulse remains so; the boy, "tied to his mother's apron strings," fails to develop normal masculinity of sex impulse or disciplined and effective ego assertiveness. He retains the submissiveness proper to the infantile phase, an outcome of the first narcissistic identification, along with the infantile hostility. The ground is thus prepared for later impotence, the pathogenic element being the fantasy of castration by the mother. Here, the normal Oedipus situation has never been developed, the divergence from normality taking place at a level below this.

When, however, normal development is carried further, to the point of the Oedipus situation, difficulties may arise from a too stern and unyielding attitude of authority, or too great unconscious hostility on

the part of the father. This may lead to the fantasy of castration by the father, with the resultant identification with the mother, and homosexual tendencies. The pathogenic element here is mainly the incest tendencies, with the guilt attaching to these, and the fantasy of castration as a punishment; but the resulting regressive movement of the libido may here again reanimate the more primitive anal and oral nuclei of the castration fantasy, connected with the mother; there is then a markedly ambivalent attitude to both parents. The identification with the woman, although it may take origin at the level of the Oedipus situation, is regressive, a return to the earlier undifferentiated state, in which the equation of the penis and the breast and the fantasies of giving birth based on the process of defaecation are normal to the small boy. A small boy of four years gave a clear instance of the naive identification of the penis and the nipple, on an occasion when a large dog approached and sniffed at the genital region, remarking, "Oh, he wants to suck." For the boy, as well as for the girl, the possibility of neurosis is bound up with the existence of the relatively undifferentiated infantile phase of the sexual impulse and of the emotional relations, coupled with the peculiarly human fact of the self-consciousness of sex.

Turning now to the development of the external relations of the girl; with her, after the period of transition from auto-erotism, when differentiated object-love appears, the object-libido has to change its object as well as its mode, the mother being displaced by the father, who is already the major focus of authority, and now becomes also the normal centre of sexual interest. For the girl, thus, authority is an authority that indulges, that rules by love, that dominates in order to satisfy, that calls out sexual passivity rather than ego-assertiveness. Submission to authority in the person of the father and his surrogates is sexualised, and hence there is little stimulus to defiance and adventurous challenge. The normal castration element in femininity has reference primarily to the father, who takes the penis only to give the child, subdues only in order to love. The conception of the deflowering of the woman as a castration, fantasies of rape, and of the death-symbolism of coitus are linked with this aspect of sexual development in the woman. This is the normal movement of the libido in the girl child; and it is reinforced by the primary narcissistic identification with the mother, which normally persists in the girl child, whereas it has to be broken down for normal development in the case of the boy. The girl child is allowed, in the language of fantasy, to remain in the mother's womb; and this narcissistic identification with the mother adds its quota to the transforma-

tion of the power trends into harmony with the sexual and reproductive functions of the female.

We may consider for a moment some of the deviations which may arise in the girl owing to a disturbance of normality in the relation of the parents to each other and to the child. As in the case of the boy, so with the girl, where the mother is the dominating parent, ruling by power rather than by love, the castration fantasy is referred to her, the oral and anal disciplines of the earliest phase consequently retaining an emotional over-valuation. Hostility to the mother is then very strongly developed, the sadistic component of the sexual impulse rather than the masochistic becomes accentuated, and the power elements in the ego trends remain untransformed and intractable. A marked identification with the male is apparent, with a persistence of the clitoral attitude. As with the boy similarly situated, the normal differentiation of the sex impulse on the one side and of the sex object on the other fails to occur. In the later analysis of such cases, masculine and feminine symbols appear to be interchangeable and almost fluid. In the case of B., a young woman with a castration-complex so heavy that she is unable to pursue any interest or occupation for more than a short time, this is very clear. In early childhood there had been great difficulty with the control of urination, and the mother had commonly stood over the child with a stick, to make her observe the time and place. In her present fantasies the 'Hound of Heaven' is unmistakeably a mother symbol, and there is a frequent image of B.'s sister "riding on a bull, and a hound pulling her off." Where, in these cases, the normal Oedipus situation does develop the resulting sexual hostility to the mother may then reawaken the over-developed resentment regarding interferences with anal and urethral pleasures, so that the two fuse into an almost inescapable hatred of the mother.

I may perhaps, at this point, be allowed to guard myself against the misunderstanding that I am attempting to explain the castration-complex and homosexuality, in terms of the external stimulus of the personality of the parents, only. I am very much aware that the problem is by no means so simple, and that the obscure organic factors and innate psychological predispositions to which I have made no reference here are probably more important. I am not, of course, attempting to give an account of the genesis of the castration-complex and homosexuality, but only to ask what relations can be found between these problems and the question of sex differences. Moreover, the organic determinants and psychological predispositions are not here relevant,

since they appear to be individual rather than sex group differences. I should, however, like to suggest very tentatively, that there is a sex difference as regards the genesis of the castration-complex, viz. that in women it springs primarily from the anal and urethral levels, and is mainly a function of the ego trends, being connected with the incest trends only secondarily; whereas in the male, it is more intimately connected with the incest tendencies, and with genital auto-erotism. If this distinction holds good in any measure, it is, of course, entirely a matter of emphasis and degree and of the immediate point of origin, since all these elements are common to both sexes and to all individuals.

A further word may be added as to the relation between the inner and outer factors. It is clear that in some cases the weight is thrown on the inner conditions, and in others, on the outer. There is no doubt, for instance, that an over-dominant and interfering mother does produce a tendency to the castration-complex, with its ambivalence and failure of differentiation, in both boy and girl. I have had occasion to quote the case of a woman as an example of this, and have known a very similar case in a man. Yet it is equally clear that where the anal interests in a girl, for instance, are natively very strong, a mild and gentle mother may be *felt* as hostile and interfering to an exaggerated extent. This was strikingly true in the case of A., whose mother was mild to the point of weakness. The matter of defaecation, however, was, I should judge, the point in which she was most tenacious of discipline and persistent in attempts to control the child—doubtless for reasons both conscious and unconscious. And in a child in whom the anal-sadistic tendencies were so strongly developed, this particular recurrent conflict would inevitably count for more than any ease of discipline elsewhere.

III. *Summary and Conclusions.*

It may now be possible to draw together some of the threads of our discussion; this can, however, only be done in the most tentative and partial manner, for I have not hoped to do more in this note than to suggest how relevant and important to the problem of sex differences psycho-analytic material is.

It is clear that the observable mental differences between men and women are the result of a highly complex interplay of three groups of factors, viz. (*a*) the organic differences springing directly from the primary fact of maleness and femaleness, (*b*) the accompanying innate psychological characteristics, which vary in degree and *ensemble* from one individual to another, and (*c*) the awareness of the fact of sex; this latter functioning not merely through the subtle operation of tradition

and social pressure, but also, as it has been left for psycho-analysis to show, through the acute awareness, in the mind of the little child of the possession or non-possession of the phallus.

In the case of certain of the mental differences of sex, it is possible to trace a direct relation with psycho-analytic facts, or, at least, to show how some of these differences hang together.

That group of temperamental differences which includes the greater social submissiveness of women, their relative lack of initiative and greater willingness to follow a convention, or to work along lines laid down for them by others, these are clearly connected with a group of physiological and psychological conditions which includes (1) the fundamental organic conditions of the reproductive functions in the female, involving the lesser range of variability and closer approximation to type; (2) the specific nature of the sex impulse in the female, with its passive and masochistic colouring; (3) the fact that the sex impulse and the ego trends diverge in the female, while converging in the male; and (4) the fact that the father is normally at one and the same time the object of the first sex impulse, and the major, more impersonal focus of authority. It would thus appear that the characteristics in question are, at least to a considerable degree, an inevitable accompaniment of normal feminine development; but it is equally clear that they are considerably heightened by an over-development of the fantasy of castration by the father; and that, if social conditions are such as to call for greater freedom of initiative and greater independence on the part of women, the point of educational attack must be the early period when that fantasy is developed.

It is likely that the supposed greater gregariousness of women is a function of the same conditions. There is little evidence that women seek each others' society more than men, either in primitive or civilised communities, and it would seem unnecessary to postulate the presence or absence of a specific instinct of gregariousness to account for the greater individualism of the male, since the physiological and psychological conditions referred to are already ample.

The much greater frequency of juvenile and adult delinquency among males is but another and more strongly marked expression of the same group of conditions, and particularly connected with the relation of the sexual and egoistic components of the personality, and the distinctive functioning of the Oedipus complex in the boy and girl respectively.

The fact that, on the whole, women show a lesser degree of scientific curiosity is undoubtedly to be correlated with the greater degree of

repression typically occurring, as a general condition; and with the castration-complex as a specific determinant.

In concluding, we may give a moment's attention to practical considerations, particularly as regards the educational bearing of sex differences. It is hardly possible for the psycho-analyst to subscribe to the view taken by some psychologists that because intellectual differences between the sexes, as tested by laboratory experiments, are practically negligible in degree, educationists need take no account of sex differences as such, but need only insist on ample individual opportunity irrespective of sex. We must agree with this latter; but the problem does not, on the findings of the psycho-analytic method, cease there. We should rather agree with those who hold that the emotional and temperamental differences between the sexes, and the long-run effect of these upon the mental life as a whole are of considerable educational and social importance. The educational problem for both boy and girl is that of reaching the goal of normal sexuality in a balanced relation with the individualised ego; but the emphasis is different in each case.

A word needs to be said as to what is meant by normality of development, since we have used this concept here, and in speaking of the reconciliation of the ego trends with the female sexual impulse and biological functions. It is clear that our conception of normality must itself be governed by the 'reality principle,' and have reference to the actual social and economic conditions of the world in which we live. The population problem is perhaps more relevant to the question of what is the desirable balance of individuality and biological function in women, than any male infantile fantasy of the all-perfect mother. Nor, it must be further said, is the castration-fear of the male, when it impels him to deny intellectual power and personal independence to the woman, any more trustworthy guide than that of the woman herself, when it drives her to the refusal of her feminine functions. External conditions in an industrial and highly individualistic civilisation demand the most delicate adjustment; and we might well have added to our enumeration of the predisposing factors to the castration-complex in the woman, the changing and conflicting demands of modern life. Like any other neurosis, it is largely a function of the discrepancy between the demands of our top-heavy civilisation, and our native resources; and relief does not come by way of turning from the reality of those demands to a woman-imago.

We may perhaps end on a note of paradox, and say that, from the psycho-analytic point of view, neurosis occurs because sex differences are so deep—and yet is only possible because they are not deep enough.

THE WAR ANXIETY NEUROTIC OF THE PRESENT DAY: HIS 'DIZZY BOUTS' AND HALLUCINATIONS

By H. SOMERVILLE.

In a previous contribution to this subject[1] it was stated that the principal mental symptoms of a war anxiety neurotic were exhibited in 'dizzy bouts' or attacks of vertigo with their accompaniments, in a chronic condition of poorly suppressed fear accentuated and defined in the dark, terrifying dreams in which the patient is being attacked or killed and, in a smaller number of cases, in hallucinations. An attempt was made to explain this fear in the dark of being pounced upon by an enemy by tracing it back to fear of the father resuscitated owing to the regressive effect of terrifying war experiences—the fear taking on a childhood form or rather associating itself with the fears of childhood.

Concerning dizzy bouts anyone seeing a man in a dizzy bout or even reading a description thereof is immediately struck by the similarity between one of these seizures and an acute attack of extreme fear. The correspondence is complete, and so we feel inclined to say that a dizzy bout *is* an acute attack of extreme fear, the cause of which, however, in the absence of any obvious external danger, is not at once apparent.

In a good many cases I have been able to trace the stimulus occasioning a dizzy bout to a transference of the affect from a previous occasion on which a similar feeling of fear was experienced. It often happens that patients on being questioned as to what they were doing at the moment when an attack came on are able to help one out a bit by almost at once realising a superficial, apparently trivial, connection between a present and a previous occasion. Thus for example a patient told me that he generally got a dizzy bout when squatting on his hunkers in the mine getting coal out. A single question elicited the information that this was an attitude he often perforce adopted in the trenches when taking shelter. Several men got dizzy bouts when stooping, much in the same way as they had to stoop in France taking cover from shells. Drinking a cup of tea was often the occasion of a dizzy bout with another man. He had

[1] *Journal of Mental Science*, April, 1923.

been disturbed by shells or raids several times when he was having tea in the trenches. A good many of my patients got dizzy bouts when in the act of turning round to look—a movement of frequent occurrence not only in war time but now at home—to see if there is anyone there. Sudden happenings, especially sounds, are a very common cause. In all these cases it is reasonable to suppose that the starting of a dizzy bout is due to the transference of the affect of fear from a previous alarming war experience to the present occasion. It is well to note that the memory of the experience itself is not necessarily brought into consciousness—hardly ever in fact—but only the affect and this fact accounts for the man's inability to divine the cause of his dizzy bout.

That a transference of the affect from a previous traumatic to a present innocent occasion is a factor in the causation of a dizzy bout may, I think, be accepted as a fact. It is in accordance with all our experience of the passing on of an emotional tone from one occasion or incident to another which in any way arouses feelings similar to those attached to the previous situation. But that this transference is the complete cause of such an extreme attack of terror as that characteristic of a dizzy bout is exceedingly unlikely and in fact hardly credible considering the severity of these attacks. What I think really happens is that the affect of the transferred fear is added to that of a more deeply seated and long repressed similar affect attached to a complex the like of which is to be found in the unconscious of everyone. It must be remembered that dizzy bouts are practically of universal occurrence in anxiety war neurotics and it is difficult if not impossible to explain how it comes to pass that different traumatic incidents can give rise to exactly similar symptoms in different persons without hypothesising a similarity in the mental make-up of these persons. These dizzy bouts then I take to be sudden attacks of extreme fear originating in an affective transference from a war incident or war incidents to a present occasion, amplified by a fusing of this affect with that attached to a deeper strongly repressed complex the like of which is present in the unconscious of everyone—a complex in which the father is the central figure.

Another and very useful view to take of a dizzy bout is to look upon it as an exacerbation of the patient's general condition of chronic poorly suppressed fear. Our justification for taking this view lies in the fact that by psychotherapy we are very often successful in alleviating the condition of chronic fear and when this happens the frequency and severity of the dizzy bout become diminished at the same time. The facts would appear to be that in the general condition the fear of something

dreadful happening and the expectation that it may happen at any moment are always present either consciously or unconsciously. In the dizzy bout *it* (as a mental process) has happened. The dreaded occurrence has come to pass and at the same time there is a sudden sharp discharge of pent-up affect—the old affect attached to the deep complex plus the new affect floating about the more recently acquired superficial complex.

The mode of production of a visual hallucination is somewhat similar to that of a dizzy bout, though the manifestations are quite different in the two cases. In these visual hallucinations there is also a sudden sharp discharge of affect attached to a complex or complexes and the mental conflict is one of terrible intensity. There is an effort—a supreme effort of an exacting conscience to keep back or repress a memory whose recollection causes intolerable pain—a pain the intensity of which probably no one can realise except the subject of it. It was the kind of pain that Macbeth felt when he cried out in his agony:

> Canst thou not minister to a mind diseased,
> Pluck from the memory a rooted sorrow,
> Raze out the written troubles of the brain,
> And with some sweet oblivious antidote
> Cleanse the stuffed bosom of that perilous stuff
> Which weighs upon the heart?

In default of our being able to realise this pain subjectively the next best way to get a clear notion of it is to study the mind of a man experiencing a hallucination, observe him while he is actively hallucinated and get his confessions on the subject afterwards. I do not consciously as a rule hypnotise my patients but many of them when I get their whole interest engaged are in a condition allied to the hypnotic. At any rate they become dissociated and in this state exhibit their hallucinations.

I give a few examples in illustration.

The patient had been a sergeant. He had a peculiarly mild or gentle expression and his eyes were eyes of fear. During the sitting while I was reviving memories suddenly his gaze became fixed and the look of fear in his eyes became profound. When I spoke to him he took no notice. He was evidently dissociated. All the while he was trembling and in a state of terror. The incident that originated the hallucination was this. He was in charge of a number of men—a raiding party. Returning from the raid they heard cries for help coming from a small shell-hole that they were passing at the time. On looking they saw a wounded soldier in the shell-hole. His leg was nearly off. He appealed to them for help. Their orders were not to stop to pick up wounded but to leave them for

the stretcher-bearers, so they left him with a scornful look on his face and bitter words on his lips. The impression left on the patient's mind was that he thought them cowards. That was the scene my patient was looking at. He was no longer in my consulting-room but was back again in France looking at the wounded man sneering at him. He had been seeing that hallucination often two or three times a day for the previous two years and had never told anyone about it before. After a few sittings the man began to lose his hallucination and has now been free from it for four months. It will be well to examine this hallucination a little more closely. In the first place it is clear that it arose out of a mental conflict. A memory complex of the incident was formed in the mind of the patient. Attached to this memory complex was a charge of affect at varying potential to borrow a well-known term from the science of electricity. The psychic energy of this affect represents its tendency to discharge. Opposing this discharge is the force of repression closely associated with the man's conscience. Tendency to discharge may be supposed to increase by an accumulation or rise in potential of the affective charge on the one hand or by any weakening of the repressive forces on the other. Some stimulus happens—some associative idea appearing suddenly in consciousness, some excitement increasing the potential of the charge or some depression relaxing, may we say, the watchfulness of the censor, causing a weakening of the repressive forces. There is a sudden violent discharge of psychic energy and out comes the hallucination as a substitute formation of the conflict—a visual representation in consciousness of the memory images of the complex.

It may be supposed that the whole of the energy of the discharge is not used up in the visual appearance but that in some way some of it is responsible for the trembling and other bodily manifestations which appear throughout the hallucination and continue for some time after the vision has gone (compare the residual charge in a Leyden jar).

The fear exhibited by the patient during the hallucination is, in a way, neither more or less difficult to understand than any other fear but its intensity was probably greatly increased owing to a deeper psychic traumatic cause frequently found in war neurotics suffering from visual hallucinations. It arises out of the fact that the patient unconsciously identifies himself with the subject of the hallucination. The process is a very simple one. When a soldier witnesses the death of anyone close to him on the battlefield or sees anyone in a desperate situation like that of the poor fellow in the shell-hole the first hardly conscious thought that flashes through his mind is: "It might have been

me," or "my turn next." In this way he is mentally identifying himself with the person killed or in dire straits. This repressed thought gives rise to another complex, an ego complex and so the total affect is an accumulated one, viz. that attached to the wounded man complex plus that attached to the ego or self-preservation complex. It may be supposed, too, that the greater part of the fear arises out of the ego complex.

Visual hallucinations appear to be always started by some association in consciousness acting as a stimulus and bringing out the affect attached to the unconscious conflict. Thus in the case just described the recall of memories during my examination brought on the hallucinatory attacks. In other cases the association is accidental and not noticed by the patient as having any connection with the attack. A striking example of this is the following. The scene was in the trenches. Patient with several unarmed comrades was having tea. There was an unexpected raid by the enemy. Cups were dropped and there was a general stampede. Patient jumped into a sap just in time to miss the blow of a descending weapon and so escaped. Subsequently he hallucinated the whole scene frequently. He could see himself running and the big German after him. When telling me the story he remarked: "It is very curious how often this comes to me when I am having a cup of tea." How important it is for the patient to get him to understand the connection between the association and the attack can be readily appreciated. Another good example may serve to emphasise the point. A patient saw his dearest friend blown to pieces and subsequently hallucinated the scene. Every time he did so he fell down in a 'fit.' When I asked him to tell me what he was doing on the occasion of his last attack he replied: "I was having a lark with a friend in the day-room." I said, "Does this remind you of anything?" Whereupon he immediately replied: "Yes, it makes me think of the larks I used to have with Jack"—the man who was blown to pieces. And so it always happens that a hallucinatory attack is started by some association generally of the most trivial nature and practically always unnoticed by the patient.

A curious fact I observed in a few visually hallucinated patients was that they seemed, after they had been hallucinating for some time (perhaps two years or more), to acquire a facility for hallucinating.

What I mean is best illustrated by an example. The case is far too long to describe in detail so I give an abstract only. The patient was having several visual war hallucinations, the principal one being that of a death-scene in which his dearest friend, mortally wounded, died in his arms. Besides this he hallucinated two other war scenes, saw two faces—

those of a man and a woman looking in at night at the window. He hallucinated his mother, and later on his wife having connection with a man whose face he could not see but whom he associated with a suspected person. During treatment progress was slow and he contemplated suicide by cutting his throat with a razor. Accordingly he began to hallucinate the razor. Several times in my consulting-room he saw the razor flash in front of his face. After six months' treatment his hallucination disappeared. Three months later he returned to work at his own request but took to drink, began to hallucinate again and was returned to hospital, this time with fresh hallucinations. His war complexes seemed to have disappeared and with them his war hallucinations. One of his new hallucinations was interesting but awkward. He saw himself with a razor in his hand chasing me along the corridor with murderous intent (incidentally an excellent example of a negative transference, though I stood for the father also. He had an exceptionally strong mother complex). He got well again and during the second course of treatment towards the end had a hallucination of a quite trivial kind. One day he was playing cards in the day-room. The game I do not know but it was essential in order that he should win that someone should play the seven of Clubs. No one played it and he lost the game. That night while lying awake in bed he saw the wanted card in front of him (wish-fulfilment in hallucination). He was rather amused than frightened by the hallucinated card.

In two other instances patients showed a progressive tendency to hallucinate or rather a progressive facility for hallucinating, but I cannot give any better example than that described.

In this and the two other cases the Oedipus complex was very strongly marked. Mere statements, however, are not always convincing, and so I give a dream of one of these patients which for simplicity and useful illustration can hardly be excelled. The dream was:

"I was going to work and there was a nurse dressed in black. She stopped me. There were two men with the nurse. Each man had a lighted candle in his hand. I thought the nurse gave me a candle. I went to light it from another fellow's candle but it wouldn't light. The candle just melted in my hand and wouldn't burn. The nurse said to me, 'If your candle won't light you must dig a grave.'"

On going over the dream with the patient it came out that the nurse was his sister with his (deceased) mother's face. The grave was his own. The man was single and was suffering from psychosexual impotency. A masturbation complex was clearly present. Furthermore it came out

that he often dreamt of having intimate relations with his sister. This dream distressed him terribly. Owing to lack of time I did not find out who the two men were and unfortunately the patient only remained a short time in hospital. He had previously been in a mental hospital. His facility for hallucinating was extraordinary. He apparently could hallucinate at will any scene or person connected with his intimate life. So could the second man but he complained that doing so gave him a violent headache and he got angry when invited to repeat exhibitions of his powers. Accordingly I had to desist.

And now the question arises: What does this facility for hallucinating mean? What does the mechanism involve? It bears some resemblance to the formation of habit. There is evidently an increasing tendency to dissociation of consciousness. Does it mean that recently formed complexes become associated with deeply repressed complexes of high traumatic potentiality and through affinity with these acquire a high importance and become surrounded with an affect of high potential?

In the cases given there was marked mental instability and there was also evidence pointing to a decline into the psychotic state. The underlying corresponding physiological change points to diminished synaptic resistance in the association fibres but this does not help us much from a psychological point of view. Anyhow the facts seem to me to be sufficiently interesting to deserve notice and I have not seen any previous mention of the condition among the hallucinatory cases of war anxiety neurotics. The incidence of aural hallucinations is relatively rare. It is significant that the opposite is true in asylum patients among whom the proportion of aural to visual is about the inverse to that which obtains in war anxiety neurotics—the inference being of course that aural hallucinations are more closely associated with the psychotic condition than those of the visual type. This inference is strengthened by the fact that aural hallucinations are very persistent whereas, as has been mentioned, in the great majority of cases visual hallucinations disappear under treatment. I have had cases suffering from visual hallucinations of three, four and even five years' standing, clear up after a comparatively short course of psychotherapy. In the few cases where this does not happen the retardation is generally due to one of two causes—a want of intelligent co-operation on the part of the patient or a tendency to fixation, that is, a tendency to psychosis. Both causes may, of course, operate in the same patient. Very different is the rule with aural cases. They do not easily clear up, not even when the patient appears to have

an insight into his condition and realises the subjective origin of the voice or voices he is hearing, or even when he recognises the voice as that of someone he knows or as his own. The fact that aural hallucinations are persistent and difficult to remove is, I think, more or less common knowledge among psychiatrists but I am not aware of any explanation having been put forward. The following observations apply to the relatively few cases that have come my way.

Among my dozen or so aural hallucinatory cases it happened more frequently than not that the hallucination consisted in the man hearing his own name as if someone were calling him. This struck me as being peculiar and naturally I tried to fit in the fact with the other symptoms and with the whole mental make-up of the patient. It will be best to give briefly a few cases.

One man who was frequently hearing his name called presented the classical signs and symptoms of recurrent melancholia. He was also having a dreadful dream night after night. He dreamt that he was a prisoner and that a tall German officer was, as he himself expressed it, "using me as a woman." The dream was very vivid and the patient experienced sensations that may be supposed to accompany the act. Another young man, also hearing his name, recognised the voice as that of a bosom friend with whom he had been in close companionship before the war, during the war and after the war. This information the patient volunteered and impressed on me that the friendship was an exceptionally close one. In another case the patient recognised the voice calling his name as that of his eldest brother who stood to the patient *in loco parentis*. It is in the first case certain, in the second case almost equally certain and in the third case highly probable that there was a homosexual complex. In all three cases the patients were quite unaware of the existence of any tendency to homosexuality. Is one justified in the suspicion that the voices were voices of invitation? In another case the hallucination was different. The patient was hearing the death-agony cry of a comrade whom he saw disembowelled by shrapnel. In this case the man was an undoubted unconscious homosexual and almost equally certainly in an early stage of paranoia. He was aggressive and threatening to other patients. He accused two patients of practising homosexuality (projection)—there being no foundation for the charge and he was a single man of thirty-five who was not attracted to women.

If now it be admitted that in these cases the deep complex to which the aural hallucination gave expression in consciousness in camouflaged form was the homosexual complex the reason for the persistence of the

hallucination is fairly evident. It lies in the fact that this complex is both by internal repressive forces and by social and ethical interdict most strongly repressed.

It is true that the older complex—the Oedipus complex—is, in its full significance also strongly repressed, but the mother-love and father-fear in the ordinary sense are very close to consciousness if not actually in consciousness and most people not swayed by sentiment have little difficulty, by introspection, of acknowledging the existence of the complex, of realising its effect on their mentality and, very often, in determining or influencing the course of their lives in the matter of love and marriage especially; whereas the thought of the homosexual tendency as having any place in one's own mind is to the vast majority of men very repulsive. It is a very deep-seated complex, very strongly repressed, and hence the persistency of hallucinations associated with this complex. It will be observed that this theory to account for aural hallucinations being so persistent and being intimately associated with psychotic cases fits in with the doctrine, enunciated by Freud and Ferenczi and now widely accepted, that all cases of paranoia have their origin in a homosexual complex.

In the cases mentioned and in a few others not recorded, according to the patients' accounts the voices did not appear to be hostile. In other cases, however, the voices were offensive, abusive or threatening. One of my patients was hearing voices addressing him in very insulting language, telling him he was no use and challenging him to fight. Another was hearing depreciatory and insulting expressions without the challenge. In another case the voice was telling the patient to cut his throat as he was no good for anything. Another was hearing my voice at night whispering outside his door that I would put him in an asylum. Now it might be argued that if friendly voices pointed to a homosexual complex hostile voices must be accounted for in some other way. It must be remembered, however, that in the evolution of man's sexual life, according to Freud, whose findings are confirmed by subsequent observers, man's unconscious attitude to man passes through two phases that may be called respectively the 'I love him' phase and the 'I hate him' phase, and that fixation may take place at any stage of evolution. In this way an inviting voice may be associated with the 'I love him' phase and a hostile voice with the 'I hate him' phase. One does not wish to labour the point overmuch or to insist upon it too strongly, but at least the theory is worth testing and further investigation may lead to interesting conclusions both from the point of view of research and also of therapy.

The incidence of hallucinations among war neurotics is in my experience a good deal higher than it is generally supposed to be. Of the patients in my wards at present more than 25 per cent. are hallucinated and of the hallucinations from which they are suffering about a quarter are of the aural type. In the list vague hallucinations such as 'shadows' are not counted nor the very frequently occurring footsteps of the pursuer and, in fact, only cases where the patient sees a distinct figure or scene or hears a voice or voices speaking are included. I have omitted, too, tactile, gustatory and olfactory hallucinations, the former being almost altogether represented by the tap on the shoulder, an occurrence of considerable frequency, and the latter by hallucination of taste and smell, these appearing in three instances only.

It will be observed that my studies among war anxiety neurotics have led me into speculations extending beyond the limits of the subject. In addition to those already advanced I would put forward a few other matters on which so far as I am aware there is at present no definite consensus of opinion—no pragmatic pronouncement. Arising out of my clinical experiences among these unfortunate men I am concerned and in some doubt on the important question as to whether or not a psychoneurotic patient as such can pass into a psychotic condition. I am inclined to believe that he can. For some of these men the struggle has been too severe and too long. They feel as Cain did when he cried out: "My punishment is greater than I can bear." The combined effects of their internal mental conflicts and (arising out of these) their inability to face reality—not from want of trying, for they have tried and been beaten back again and again—leaves them in a critically unstable condition in which it does not require much more to topple them over. Anyone who has to do with a war anxiety neurotic will find it interesting and instructive to study Macbeth. He will find in Macbeth a predisposed man exhibiting all the symptoms of a war anxiety neurotic with visual and aural hallucinations. In this instance, however, the man passes beyond the borderland—a fate from which our men, with remarkably few exceptions are spared. Their hallucinations and suspicions—the stepping-stones to delusions—tend to clear up under active, encouraging and sympathetic psychotherapy so much so that if anything has become transparently evident in the course of a long experience of these war cases it is that hallucinations by themselves and unaccompanied by signs of fixation are not to be taken as indicating a psychosis. On the other hand, if there is evidence of fixation the outlook is not so good. I have a case in point at present under my care. The circumstances are

these. The patient, a young man (of moderate intelligence) bayoneted a German and left him, as he believes, only wounded. He now sees a man, dressed as a tramp, following him. He believes that this man is the German in disguise come to England awaiting his opportunity to have his own back. The hallucination and accompanying delusion appear to be fixed. There seems good reason to think that if the case had been taken early the hallucination might have been dispelled and the delusion removed. As matters stand it would appear that a condition originally psychoneurotic may have become psychotic. Up to the present attempts to give him an insight into his condition have failed though I am not without hope of ultimate success.

M. COUÉ'S THEORY AND PRACTICE OF AUTO-SUGGESTION

By CAVENDISH MOXON.

The present study is based upon the explanation of Suggestibility by Dr S. Ferenczi in terms of Freud's libido theory[1]. From this it is evident that suggestibility depends on the repressed libido. The affects connected with the parental complexes, being incapable of free discharge, undergo neurotic displacements until they can be transferred to a parent-substitute who shows signs of sympathy and healing power. Dr Ferenczi's paper was written before the present widespread popularity of the New Nancy School of auto-suggestion under the leadership of M. Emile Coué. At that time the method of suggestion by hypnosis prevailed, but M. Coué and his school dispense with hypnosis and claim that their method of induced auto-suggestion, being free from the objections raised against the older methods, is the best way of treating the symptoms of neurosis.

It is the purpose of the present paper (*a*) to state M. Coué's theory and practice of auto-suggestion in psycho-analytic terms; and (*b*) with an understanding of the mechanisms involved in the technique, to weigh the claims that are being made for its superiority as an almost universally applicable aid to psycho-physical health.

Mr Harry Brooks' popular manual contains a statement of the essentials of the theory and method written in a manner that M. Coué, in the Foreword, regards as "simple and clear[2]." The theory is based on the power of the unconscious, but the term is loosely used in a sense that seems chiefly to cover the psycho-analytic concept of the pre-conscious. The power of the unconscious is seen to consist in an acceptance of conscious thoughts and a consequent realization of them either in healthy or in unhealthy states of mind and body. It is significant that Prof. C. Baudouin in his more technical book on *Suggestion and Auto-Suggestion* uses the vague term 'sub-conscious.' The acceptance of the psycho-analytic concept of the unconscious is incompatible with M. Coué's claim to heal all neurotics by a method which only attacks symptoms and pre-conscious 'outcroppings.' In harmony with the technique based on verbal formulae, M. Coué's theory makes pre-conscious products in

[1] S. Ferenczi, *Contributions to Psycho-Analysis*, p. 30.

[2] *The Practice of Auto-suggestion.* New York. Dodd, Mead & Co. 1922.

the form of verbal imaginations take the primary part in the causation of health and disease. What Prof. Baudouin calls the law of 'reversed effort' is thus stated by M. Coué: "When the Imagination and the Will are in conflict the Imagination invariably gains the day[1]."

Since the conflict here described is waged between pre-conscious or conscious verbal images and the repressive forces of the moral consciousness, M. Coué is satisfied when he has replaced a pre-conscious morbific thought by its opposite. Because M. Coué regards a good verbal auto-suggestion as a cure for morbific thoughts, it seems possible for him to believe in a bad verbal auto-suggestion as their source, and to ignore the unconscious source of neurotic symptoms. In harmony with M. Coué's emphasis on words, Mr Brooks has much to say about the power of thought to modify the unconscious, and thereby the bodily health. The only obstacles to this exercise of verbal imagination appear to be the conscious attention and will, which cause doubts and fears that counteract the power of thought.

Mr Brooks sums up M. Coué's theory of suggestion in these words: "The whole process of Auto-suggestion consists of two steps: (*a*) The acceptation of an idea; (*b*) Its transformation into a reality. Both these operations are performed by the Unconscious. Whether the idea is originated in the mind of the subject or is presented from without by the agency of another person is a matter of indifference. In both cases it undergoes the same process: it is submitted to the Unconscious, accepted or rejected, and so either realized or ignored. Thus the distinction between Auto-suggestion and Hetero-suggestion is seen to be both arbitrary and superficial. In essentials all suggestion is auto-suggestion. The only distinction we need make is between spontaneous auto-suggestion, which takes place independently of our will and choice, and induced auto-suggestion, in which we consciously select the ideas we wish to realize and purposely convey them to the Unconscious[2]."

This explanation is in harmony with Psycho-Analysis in so far as it asserts that, in Dr Ferenczi's words, "in hypnosis and suggestion the chief work is performed not by the hypnotist and suggestor, but by the person himself[3]," who was looked on by previous theorists as merely the object of the intrusive activity. While not denying the part in his method played by hetero-suggestion, M. Coué nevertheless seems to minimize unduly its importance. In his reaction against the old view of the hypnotist as the active agent in causing a dissociation without which the

[1] Quoted by Harry Brooks. *Ibid.* p. 63.
[2] *Ibid.* p. 55.
[3] Ferenczi. *Ibid.* p. 50

suggestion is impossible, M. Coué writes at times as if the method can wholly dispense with the transference of libido to an authority. In the Foreword to Mr Brooks' Manual M. Coué maintains that "the instructions given are amply sufficient to enable any one to practise auto-suggestion for him or herself, without seeking the help of any other person[1]." There is probably no auto-suggestion free from all hetero-suggestion, because no one can be wholly removed from the influence of the parents and their suggestive substitutes. It is at any rate clear that hetero-suggestion plays an essential part in M. Coué's method. Every person who uses his formulae must have some knowledge of the ability of M. Coué or his followers to remove the symptoms of ill-health. Both in the clinic at Nancy, in M. Coué's own manual and Mr Brooks' book, the personality of M. Coué and his healing powers are impressively manifest. The ignorant regard M. Coué as a worker of miracles: and Mr Brooks makes clear the resemblance to Christ when he writes of M. Coué's "great goodness of heart" that caused him to place his whole life at the service of others at any time, and to refuse any fee for his treatments (p. 41). Mr Brooks declares that this is a method demanding faith; and faith in the method cannot be had without faith in the authority who spreads the good news. There is clearly a transference of libido to a parent-substitute as well as a verbal formula.

The two factors in the removal of symptoms are paralleled by the two factors at work in their production.

(1) Hetero-suggestibility or the capacity for transference. Dr Ferenczi thinks this varies in proportion to the libido fixation upon the parents. The neurotic is therefore extremely sensitive to all authorities, human and divine, and in his loneliness he is ready to accept a new sympathetic parent-substitute to satisfy his hunger for love.

(2) Auto-suggestibility or the discovery by the repressed libido (connected with the parental and other complexes) of the maximum outlet compatible with conscious renunciation[2]. These two factors—the search for parent-substitutes and the creation of neurotic outlets for unsatisfied impulses—are powerfully stimulated by the environment in the most highly civilized nations at the present time.

Among the strongest stimuli to fear may be mentioned:

(*a*) the economic dependence of a large majority of the people upon the will of a powerful minority, and

(*b*) the disintegration of the traditional creeds.

[1] *The Practice of Auto-suggestion*, p. 7.
[2] *Cf.* E. Jones. *Papers on Psycho-Analysis*, p. 325.

A transference of libido to human and divine parent-substitutes is thereby hindered; the masochistic tendency towards death[1] is increased by the loss of sadistic and aggressive outlets; and the feeling of impotent inferiority is induced by the lack of proper narcissistic sublimations.

(*c*) The moral conscience, by constantly increasing prohibitions, tends to produce a morbid intensity of guilt and fear.

Knowing that the will-drill method of cure tends to increase the doubts and fears upon which the attention is fixed, M. Coué relies on the power of verbal imagination to avoid the conflict with the will and to attain the end he desires. The auto-suggestive technique is simple. The subject repeats morning and evening, when as nearly asleep as possible, the general formula, "Day by day, in every way, I am getting better and better." This may be supplemented by particular formulae for specially desired alterations in mental and bodily functions. As an aid to the effortless use of the formula, a string with 20 knots is passed through the hand to mark the 20 repetitions that are required to insure the impression of the words.

The emphasis laid on words and acts is most significant for the psycho-analytic understanding of this method and its popularity. When a woman consulted M. Coué, he asked her to make no arduous search for the repressed desires that made her speech "a flood of complaint." "Madame," he interrupted, "you think too much about your ailments, and in thinking of them you create fresh ones." The technique tends to revive the infantile use of magic words and gestures, which accompany the slightly qualified belief in the child's omnipotence. Mr Brooks seems to realize this when he follows M. Coué in advising "the infantile mode of repeating the formula" which "puts one in touch with deep levels of the Unconscious where the child-mind still survives" (p. 84). This certainly harmonizes better with the primitive processes evoked than Prof. Baudouin's advice to repeat the formula in the manner of adult piety with all the words separately stressed.

We conclude that what distinguishes this method from other forms of suggestion is not the absence of transferred object libido, but the subordination of this to a large increase in the expression of narcissistic libido. With the revival of infantile narcissism goes an indulgence of negative hallucinations such as mark the period before the development of the reality principle. The imagination is used to promote the belief that all is well and that pain and suffering will disappear.

It seems possible to state more exactly in terms of libido quantities,

[1] Freud, *Jenseits des Lust prinzips*, p. 54.

the way in which the transference of parent libido makes possible the conscious increase of narcissism. On p. 82 of his recent work on *Massenpsychologie und Ich Analyse* Freud shows that falling in love exercises an important influence upon the ego-ideal and consequently upon the conduct. When the love-object takes the place of the ego-ideal, the lover ceases to criticize not only the loved object, but also his own deeds done for the beloved. Acts that the lover could not or would not do without this motive, now seem possible and lawful. A quantity of the lover's libido is released from the censorship of the ego-ideal when a person is found for its embodiment. So long as the ego-ideal was largely a personal imagination, the ego was in constant fear of losing it by unworthy acts: when the ego-ideal is transferred to another person, the ego needs a smaller quantity of sado-masochism to chasten and control the repressed desires. The first love objects in the family could only be loved with much renunciation of crude desire; the new love object may allow a direct outlet of genital sexuality in the lover. While the initiator of an auto-suggestive process does not allow an outlet for uninhabited adult sexuality, he does allow an outlet for infantile narcissistic omnipotence and inattention to evil. The traditional divine parent-substitutes in this way work wonders for their sons; the new substitutes who authorize auto-suggestion enable the followers of their instructions to work wonders for themselves. The hetero-suggestions of modern civilized society allow an abnormally small amount of positive libido to find direct and sublimated expression. Consequently too much force is consumed in the work of building defences against illegitimate love and hate; and neurotic symptoms are the almost universal result.

The initiator of auto-suggestion who receives the transferred object-love is an authority who, unlike the childhood authorities, wills the power and the pleasure of his pupil, and therefore breaks his pupil's habit of masochistic renunciation, adopted as an expiation for rebellion in the past. The suggestor not only removes the quantity of libido used for masochistic and anxious barriers against narcissistic expression; he also draws off a part of the masochistic libido upon himself in the form of loyalty. For, as Dr Ferenczi remarks, in confirmation of Freud's view, "the hypnotic credulity and pliancy take their root in the masochistic component of the sexual instinct," which takes pleasure in obeying the parents[1]. By a reduction of the fear and the sado-masochism, which are the chief weapons in the neurotic war upon health and life, the symptoms tend, at least for a time, to disappear.

[1] Freud, *Jenseits des Lust prinzips*, p. 68.

On the basis of the foregoing sketch of the libidinous forces involved in consciously induced auto-suggestion, it is possible to judge the value of this method of prophylaxis and psychotherapy. It is necessary first, however, to be sure of the meaning of the practice to be judged. Both the terms 'imagination' and 'auto-suggestion' seem to be ambiguous and even to refer to widely different mental processes. We cannot therefore be satisfied with M. Coué's sincere purpose to replace wrong imagination by right thought, unless we are sure that the 'right' is also the psycho-physically healthy. It is best for our purpose to avoid ethical terms, and to consider the auto-suggestive imagination in its action upon the libido.

Sometimes and in some persons auto-suggestive imagination is a repressive force in the service of the conscious ego-ideal with its inhibitory action upon the libidinous impulses. The effect of auto-suggestion in this sense is to increase the ego-dominance. At other times and in other persons auto-suggestive imagination is used as an expressive force in the service of the unsatisfied libido of auto-erotic and allo-erotic complexes. The effect of auto-suggestion in this sense is to increase the libido dominance.

Referring to auto-suggestions that produce symptoms similar to the neuro-psychic inhibitions of hypnosis, Dr Ferenczi inclines to assume a far-reaching analogy between the psychical mechanism of these auto-suggestions and the mechanism of psycho-neurotic symptoms[1]. This analogy seems to be true of auto-suggestion in the first, but not in the second meaning I have given above. The auto-suggestion which removes the alcoholic indulgence of unconscious homosexuality must increase the neurotic repression; whereas the auto-suggestion that removes the fear of indulging exhibitionistic libido on the stage must reduce the neurotic repression.

It is clear then that auto-suggestion cannot be recommended as the best aid to health, if it is either of the repressive kind or of the expressive kind when this is used (*a*) to promote regression to infantile narcissism, (*b*) to weaken the reality principle, (*c*) to replace the search for the hidden causes of ill-health by an ignorant removal of pain and incapacity, and (*d*) to encourage the delusion of omnipotence, for which such words as 'difficult,' 'impossible,' 'I cannot,' will disappear[2]. Indeed it cannot be recommended at all as a substitute for Psycho-Analysis where this causal treatment can be had. The danger of the repressive kind of auto-suggestion is most manifest precisely in its educational application, as proposed by Mr Brooks on p. 107. The parental suggestions for good behaviour

[1] *Ibid.* p. 72.

[2] Harry Brooks. *Ibid.* p. 26.

whispered into the ears of sleeping children, and the imposition of moral taboos by unanalysed teachers would greatly increase the amount of neurosis in the future. It is equally unsatisfactory as a method of dealing with moral delinquencies in ignorance of the unconscious impulses expressed therein.

Induced auto-suggestion can be most safely used (*a*) for the removal of the slight neurotic symptoms that occur in approximately normal persons under exceptional conditions of strain. The most permanent results of this method are probably secured in civil cases that resemble the war cases in so far that neither the constitutional nor the infantile factors in neurosis would cause an unbearable repression unless unusually severe shocks or accidentally harmful suggestions occurred in adult life; (*b*) for the involutionary cases that preserve the relics of a bygone conflict by the habit of repetition, and (*c*) for un-analysable persons.

The chief value of the suggestion movement, is to draw attention to the fact that, in modern civilization, the social, economic, and moral restraints cause an increase of sado-masochism, depression, envy and fear, that play an important part either in the formation or in the neurotic complication of almost all disease; and that immunity to psychical and physical infection from without, depends on the removal of the unconscious causes of inefficiency within.

CRITICAL NOTICE.

Second Report of the Miners' Nystagmus Committee. London: published by His Majesty's Stationery Office. pp. 33. Price 9*d.* net.

The Second Report of the Miners' Nystagmus Committee confirms some of the findings enumerated in the First Report without elucidating them. Its chief value lies in the fresh evidence collected by Mr Pooley, who is responsible for the whole of it. He has made a laborious research into the possible relationship of nystagmus and errors of refraction, and his results should settle finally that such a relationship does not exist. This was anticipated in a critical notice of the First Report, for reasons therein given, and a convincing proof is now forthcoming.

The first part of the Report is devoted to Mr Pooley's survey of the disease generally. He mentions the astonishing difference in the incidence and effect of nystagmus on the Continent and in Great Britain. It is worth while summarising once more some of the observations made. In France, Belgium, Germany and England the number of men affected by the disease amounts roughly to about a quarter of the total number of miners employed. "In America, where no compensation is given, little is heard of incapacity due to nystagmus, or indeed of the existence of the disease." In Germany the incidence of claims was 0·3 per cent. from 1905 to 1913. In the latter year a decision was come to that only serious cases of nystagmus were entitled to compensation; the percentage then fell to 0·18, and has fallen since the War to 0·03. In Belgium, where the method of compensation has been unaltered throughout, the incidence has remained at 0·2 per cent. (Stassen), 0·05 to 0·03 per cent. (Coppez). In France Dr Dransart in 1913 gave the incidence of severe cases as 0·15 per cent. In Great Britain the disease was made a ground for compensation in 1907, and a level for fresh claims was reached in 1911. In 1913, a new official definition of the affection was made, excluding the necessity for oscillation of the eyeballs to be present in the diagnosis. The effect was to include cases claiming compensation for psycho-neurosis. Claims for incapacity immediately rose, and have continued to rise especially during the War. Such an increase of fresh claims has not occurred in other countries.

In the face of this astounding fact, it hardly seems worth while for Mr Pooley to have spent so much time and energy upon the investigation of the relationship of errors of refraction to miners' nystagmus, unless there be some national or racial difference in the shape of the eyeball. Such a difference has never been suggested, at any rate between ourselves and our nearest Continental neighbours, notwithstanding the fact that in France, for instance, the wearing of glasses for eyestrain is very uncommon as compared with England. But Mr Pooley's work has a much wider application than he claims for it, and the time will come when his results will be quoted effectively by those who believe that the present method of trying to cure a round score of psycho-neurotic symptoms by means of glasses is unworthy of a scientific profession.

Under the heading "Conclusions" he classifies the cases into two groups. (1) Severe cases of the type recognised as incapacitating in France and Belgium. This group has not increased in these countries in recent years, and appears even to have diminished as safety lamps have improved. (2) Cases in which the psychological element largely predominates. This group is the one which has increased the reported cases.

In view of this important fact, which seems to be indisputable, one looks eagerly for an indication of the Committee's intention to turn its energies to the task of solving the psychological problem, but in vain. In the Introduction the Committee state that they are continuing their work and have some investigations in view which will deal further with the physiological problems involved, but from all the evidence contained in their report it would appear that a psychological investigation would be more fruitful, and surely the best way of perpetuating the memory of their former colleague, Dr W. H. R. Rivers, who was deeply interested in the psychological aspect of the disease, would have been to appoint a competent psychologist to find out the significance of the symptoms, ocular and otherwise, which make miners' nystagmus such a mystery. And this brings one to the question as to the meaning of the actual nystagmus, the oscillation of the eyeballs. The official definition of the disease allows the diagnosis to be made in the absence of oscillation. It follows either that nystagmus is an unimportant physical eccentricity, or it is a part of a psycho-neurosis. All the evidence points to its not being a cause of the nervous symptoms. The Committee appear to have neglected the opposite point of view, that nervous stress may produce the nystagmus. The latter, as has been already stated, occurs very frequently amongst miners generally. If it be granted that it is a psycho-neurotic symptom, a first stage in the development of the disease, one can easily understand the great difference in the relative incapacitating influence in Great Britain and Continental countries. In the latter the man must "get on or get out." In the former he gets compensation, and having first been persuaded officially that he is unfit, he accepts the suggestion, and actually becomes so. The same process has been observed constantly by medical officers attached to the Pensions Boards. A wrong diagnosis in the first instance, followed by a pension, ends in permanent disability, the difficulty of getting work at the present time assisting the neurotic trend. One wonders what would happen if nystagmic miners were paid handsomely to return to work instead of being paid to refrain from it. Apparently the course adopted in Germany and elsewhere has had a strikingly beneficial effect.

One cannot understand the Committee's persistence in classifying the cases according to the severity of the physical signs when throughout their Report such emphasis is laid upon the psycho-neurotic factor. After all, their function is to elucidate the nature of the disease, and thereby enable the country to avoid the waste of a million of money and to avert the secondary consequences of illness and incapacity in the men themselves. It is admitted on almost every page that no single physical sign can be taken as a guide to the severity or incapacitating effect of the disease. Nystagmus itself, in this respect, is summarily excluded on p. 19, where it is stated that "We are of the opinion that a test which encourages examination by the movements of the cornea only is unsatisfactory." Yet no effort is made to establish a formula dealing with the one great incapacitating part of the affection, the psycho-neurosis. The evidence in favour of doing so is overwhelming. The point was conceded

in 1913, when the official definition of Miners' Nystagmus was altered to include the words "whether the symptom of oscillation of the eyeballs be present or not." The Continental authorities still deal with it as a local disease. At home we have gone further practically only as far as compensation is concerned. Our scientists still cling obstinately to the idea that the nystagmus is the chief thing to be considered, and show the limited vision of the vast majority of the medical profession, who, for instance, regard asthma as a disease of the respiratory system because there is some difficulty in breathing under certain conditions. It is difficult to understand why this should be so, in the face of the facts collected. The result of the unsympathetic, but in practice very satisfactory attitude of the Belgian, French and German authorities towards the psychical symptoms has been alluded to. Abroad the latter are disregarded and not compensated, with the result that the disease is stationary or tends to diminish. In Great Britain they are compensated, and not investigated, with the result that the disease has steadily increased. On p. 18 one finds that "Indemnity Companies point out that the death-rate of those in receipt of compensation for miners' nystagmus is high, and ascribe the mortality to other intercurrent disease." Surely the natural inference to be drawn from this is, that a man who cannot face the stress of life below ground, presumably owing to low vitality, sooner or later accepts the easier conditions of life offered by compensation, gets into a backwater, and is more likely to suffer from literally any disease under the sun! This is nothing new. It is merely stating a fact familiar to everyone who has given a thought to the theory of immunity. The great questions to be solved are—Why do the British become incapacitated more than the Continental races, why do some British suffer and not others, and what has compensation to do with it?

A stimulus to tackle the problem from the point of view of the man and his reaction to his environment should have been forthcoming from one statement alone. On p. 21 one finds that out of 650 incapacitated men, 17 per cent. were over sixty years of age, though the normal proportion of men over sixty working underground is 3–4 per cent. Fifty-one of these men showed no physical signs, the symptoms being merely alleged. Again "the percentage of men not at work was found to increase with the age of the cases," and, "the duration of incapacity was found to lengthen with advancing years." In other words, it is a disease of old age, either actual or premature. A man may retire from the struggle of life at a very early age; no matter what his years, his reaction is senile.

A highly suggestive table is that given on p. 22, dealing with the relation between duration of incapacity and the presence of physical signs. It shows that the number of men disabled for two to five years was much higher than for any other period, that there was a gradual rise from a one to three months' incapacity until the two to five years' period was reached, and then a pronounced fall for the longer periods. Taking the percentage of cases showing oscillation, head tremor, and lid spasm in the same men, Mr Pooley shows a steady fall in incidence of the first condition, but a rise in the second and third from the six to twelve months' incapacity until the two to five years' incapacity is reached, and then a fall to zero. It is interesting to note that the latter two physical signs were more frequently present in those cases whose incapacity had run for two to five years, and that such cases were the most numerous in a body of 650 men investigated. In the great majority of these cases the illness had lasted from one to five years. Compare this with the Continental

evidence. Dr Stassen with his wide experience in Belgium has seen only three cases incapacitated for more than six months—"these men returned to work before the end of twelve months." The table in question shows that the longer the duration of the illness, the more definitely psycho-neurotic in character it becomes. Whatever may be the significance and origin of the oscillation of the eyeballs, one may fairly safely insist upon the neurotic nature of lid spasm, and with some show of reason, of head tremor also. In cases up to twelve months' duration oscillation of the eyeballs is the commonest sign noted, its occurrence being in the proportion of 65 per cent., as compared with head tremor 35 per cent., and lid spasm 19 per cent. But in the cases lasting one to two years, the proportions change respectively to 42, 46 and 30 per cent., and in those lasting two to five years, to 22, 32 and 15 per cent.

When the Committee state that the view taken of miners' nystagmus on the Continent is, on the whole, correct and that "The great majority of cases benefit by returning to work within from three to six months, and by continuing to work for at least six months before making a fresh claim for compensation," they are in effect admitting the psycho-neurotic basis of the disease. It would seem that they are a little inconsistent in declaring that a stricter standard based on *physical* signs should be adopted, in determining claims for compensation, whilst their evidence goes to show that these physical signs themselves are mere indications of a disease affecting the whole organism.

It is true that the Committee themselves have not come to any decision as to whether the psycho-neurotic symptoms themselves are an integral part of the disease. They tell us that "The standard of physical signs which is in vogue in this country for deciding whether any case should be certified as suffering from miners' nystagmus, too readily admits psycho-neurotic cases," but if claims for compensation are to be determined by physical symptoms alone, what is one to make of the fact that "Several men with the most marked oscillation of their eyes, which they cannot keep still, even when looking down in daylight, refuse to stop work, and say they hate holidays, as they are more comfortable when working. One of these men plays cricket for his colliery." If oscillation is the crucial sign, should not such men as these be compulsorily retired? If not, what are the physical signs determining incapacity? Does not it all really amount to this, that physical signs are present in varying degree in large numbers of miners, only some of whom declare themselves to be incapacitated? In other words, the subjective symptoms are all-important to the medical man in coming to a decision.

As the Committee favour strongly the Continental practice of restricting compensation, on the ground that the incidence of nystagmus is thereby greatly reduced, it would be interesting to know whether Continental miners thus saved from nystagmus remain healthy men. It is a common observation in psycho-neurotic cases that the cure of one symptom frequently leads to the emergence of others, and it is conceivable therefore that on the Continent, whilst the incidence of nystagmus is reduced, there may be a rise in that of diseases classified under other names. On this point we have no information. One cannot cure a neurosis simply by driving the sufferer back to the environment which produced it. Would not it be possible to discriminate between cases mainly due to temporary stress, whether above or below ground, and those in which the man's vitality has been so far sapped that he will never be fit for underground work again?

Were further argument necessary to convince the Committee that it has

a long way to go, if it persists in attaching so much importance to physical signs, it is to be found on p. 22, where it is stated that "A pronounced divergence was found between the work which was being done and that which the men appeared to the examiner capable of doing when they were assessed on the basis of the amount of physical signs of miners' nystagmus present." The actual figures are too striking not to be quoted.

	Present Condition	Assessed Condition
Not working	468	270
Working on surface	162	154
Working underground	20	226

The precise meaning of these figures is not clear, but it is evident that the miner and the examiner were far from being of the same mind.

"Means should be established for re-assessing periodically the amount of incapacity present; this is purely a medical question, which should be in the hands of those who possess special experience of the disease" (pp. 23, 24). Did one of them make the above assessment? No wonder the legal profession and legislature are bewildered when they turn to the medical profession for guidance in compensation cases!

In a paper on Miners' Nystagmus read before the Medico-Legal Society recently, a barrister spoke of the great confusion of mind produced by the first report, and pleaded for greater clarity of thought in medical pronouncements. The reproach must be accepted.

W. INMAN.

REVIEWS.

An Outline of Psychology. By WILLIAM MCDOUGALL, F.R.S., Professor of Psychology in Harvard College. Methuen & Co., Ltd. Pp. xvi + 456. Price 12*s.* net.

It would be difficult to overestimate the value and importance of this volume. Designed to introduce the student to his science, to furnish him with a profitable line of approach and a fruitful way of thinking of psychological problems, with a terminology as little misleading as possible, it admirably achieves this aim. But it does more than this, in spite of its author's disclaimer, and presents a compact yet lucid summary of the generally accepted facts and laws of normal psychology, which makes it a reliable text-book of the science. Its most characteristic feature, that which distinguishes it from most if not all other text-books, is the thorough-going consistency with which it adheres to one guiding principle, the principle that "purposive action is the most fundamental category of psychology." In an interesting introduction Prof. McDougall summarises in a masterly way the chief historical systems in psychology, such as the psychology of ideas, the atomistic or mosaic psychology, the fusion of the two with more recently acquired facts of brain physiology which constitutes so-called physiological psychology, and the thorough-going mechanical reflex theory which is modern "behaviourism." He indicates their respective short-comings, and persuasively argues the claims of purposive psychology to be a more accurate statement of the facts.

Conformably with this view, his opening chapters do not present the time-honoured sequence of Sensation, Perception, Mental Images and Ideas, etc., but are devoted to a detailed analysis of the behaviour of the lower animals, the insects, the vertebrates, including fishes and birds as well as the mammals and man. These make extremely interesting reading and give overwhelming proof of the pragmatic value of his central principle. Prof. McDougall enumerates the following seven marks of "behaviour," viz.: (1) a certain spontaneity of movement, (2) the persistence of activity independently of the continuance of the impression which may have initiated it, (3) variation of direction of persistent movements, (4) the coming to an end of the animal's movements as soon as they have brought about a particular kind of change in its situation, (5) preparation for the new situation toward the production of which the action contributes, (6) some degree of improvement in the effectiveness of behaviour, when it is repeated by the animal under similar circumstances, (7) a total reaction of the organism, as distinct from the partial reaction of reflex action. As regards mark (6), he writes: "No doubt, when such improvement may be observed, it provides the surest criterion; but, without this sixth mark, we may infer mental activity from the other five." (He is not considering mark (7) in this passage.)

On this basis, he proceeds to demonstrate the mutual implication of instinct and intelligence in all purposive activity. He also shows the necessity of distinguishing instinctive activity from the various motor mechanisms through which it may be manifested, and brings forward further arguments for his

well-known theory that emotion is the subjective side of instinct. He now gives a list of thirteen primary instincts and emotions as at the base of human behaviour.

The chapter on "Perceptual Thinking" does not appear until half-way through the book, and gains greatly in clarity by its late position. The discussion of space-perception, often so confused and confusing in introductory text-books of psychology, is particularly clear and illuminating.

But the full strength of Prof. McDougall's position shows itself when he comes to deal with the problems of character and volition in the closing chapters of the book. Here we have a clear statement of the doctrine of the sentiments, and of the way in which the sentiments become organised to form the structure of character; and also the most complete psychological theory of volition hitherto given, viz., McDougall's theory in terms of the working of the self-regarding sentiment.

In the final chapter the author summarises his view of purposive striving in the animal kingdom as a continuously graded series from the lowest to the highest forms of life in a paragraph so concise that I feel constrained to quote it in full. Within this graded series of the evolutionary scale the following stages may be distinguished: "(1) The vague, almost undifferentiated striving of the animalcule in pursuit of his prey. (2) The strivings of animals in which the instincts are sharply differentiated and directed towards specific goals that are vaguely anticipated by the creature. (3) The instinctive strivings of primitive man toward goals more fully imagined and anticipated; the strivings of instinctive desire. (4) The strivings of men prompted by desire for instinctive goals, but directed also to goals which are conceived and desired only as means to the instinctive goal. (5) Conduct of the lower level; that is, instinctive desire regulated and controlled, in the choice of means, by anticipation of rewards and punishments. (6) Conduct of the middle level; that is, the same instinctive impulses regulated in the choice of goals and of means by anticipation of social approval and disapproval. (7) Conduct of the higher level; that is, striving regulated in the choice of goals and means by the desire to realise an ideal of character and conduct, a desire which itself springs from an instinctive disposition whose impulse is turned to higher uses by the subtle influences of organised society embodying a moral tradition."

Two general criticisms occur to one after a re-perusal of this book. In the first place, the author appears to have done but scant justice to modern physiological psychology, a branch of psychology upon which he himself has written so persuasively in the past and to which the work of Dr Henry Head and his collaborators has contributed so much of permanent value in recent years. He does indeed refer to this work, and with approval, but he makes no use of it in his general account of behaviour. Secondly, his strongly critical attitude towards the theories of Professor Freud appears to have prevented him from finding anything of value for normal psychology in the literature of psycho-analysis. But he promises us a second volume, on abnormal psychology, in which this omission may perhaps be made good.

In spite of these general criticisms one must admit that *An Outline of Psychology* is the most important introductory text-book on Psychology hitherto written. No serious student of the subject can afford to be without it.

WILLIAM BROWN.

Primitive Mentality. By LUCIEN LÉVY-BRUHL. Authorised translation by LILIAN A. CLARE. George Allen & Unwin, Ltd. Pp. 458. Price 16*s.* net.

To every civilised approach, whether commercial, scientific or religious, primitive mentality has always presented an insoluble problem. Not that this precludes the possibility of a good working understanding between the representatives of such opposite racial types. There exist, on the contrary, abundant records of loyal and cordial relationship which seems to be based on a very genuine rapport. And yet the evidence is equally clear that personal relations always remain on the instinctive level, practically never advancing to any real understanding of that immense difference which characterises the workings of the two mentalities.

The practical conclusions of the two types are often identical, but the ways in which they are reached are poles asunder. This metaphor suggests the clue to the enigma which Prof. Lévy-Bruhl has set out to solve. The principle which rules the magical mind of the primitive is the psychological antipodes of the rational principle of civilised consciousness. With us the concept represents our mental currency, whereas to the primitive it is quite uncongenial. At the slightest attempt at any abstract ideation the primitive immediately succumbs. His mind declines to venture outside the magic circle of his intuitive representations.

When we remember that the concepts, time, space and causality, which form the very matrix of our experience, belong essentially to our conceptual reality, and are, therefore, outside the purely perceptual limits of the primitive mind, we can begin to realise the incommensurability of these opposite worlds of experience. Whereas we immediately infer natural or secondary causes behind the phenomenal world, the primitive only sees mystical, invisible forces at work. If a crocodile seizes a woman at the water's edge, this does not proceed from any natural appetite on the part of the crocodile, but is the manifestation of magical power directly attributable to some human agent.

The immediate convictions or certainties which underlie the whole complicated system of magical procedures and primitive beliefs are termed by Lévy-Bruhl "collective representations." This is an extremely valuable term, since it accurately describes both the character and the force of these prelogical forms of mental activity. Like his term *participation mystique* it embraces the real quality of primitive psychology, *i.e.* its group character.

As soon as we have recognised the fact that the individual savage has not yet attained a psychological existence distinct from that of his family or tribe, we have in our hand a key which can give us access not only to the magical mentality of all primitive races, but also to the unconscious mental processes of civilised man. We might go even further and say that until we can begin to understand the entirely irrational group character of primitive mentality we can form no true conceptions of our own unconscious processes. A sympathetic study of the one is the royal road to the other; for they are, in a sense, identical. In both cases we are dealing with states of mental activity which precede abstract ideation. Abstract ideas depend upon the possibility of an individual mind distinguishing itself in thought from its environment. Theoretically, conscious individuality, and with it the whole possibility of conceptual experience, came to birth at the moment when the first man perceived himself as an object, *i.e.* as an entity distinct from the rest of the world. The differentiation of a conscious objective function introduced a principle

that was directly opposed to the previous state of mystical participation with the environment. For an act of objective judgment immediately distinguishes subject from object, and the principle of objective causality, as distinguished from the magical causality of primitive beliefs, can consequently be inferred. This separation of the subject as a distinct entity also provides him with the power of interfering with the customary operation of objective causality. He can, in fact, will. He can also begin to think. As long as he was in a state of identification with the mentality of the group we can only say that experience was 'represented' to him in definite and unalterable ways. He was completely at the mercy of the archetypal processes of the collective mind, whose immediate, unquestioned authority over his own mentality was quite untempered by individual criticism. But as soon as he feels this other law of his own being, he possesses the power of criticising from a new standpoint. He has crawled up out of the primeval swamps of the collective psyche, and feels beneath his feet the rock of individual experience and judgment. The first queries he flings at the world from this isolated vantage-point might be regarded not only as the first sprouting of science, but also as the first religious experience.

However fantastic this hypothetical individual may seem (since, manifestly, the differentiation of individual consciousness did not happen overnight) we may none the less condense the evolutionary process, for the sake of convenience, into some such mythological figure. For it is the strangely amphibious nature of our own psychology which, while allowing us a deep instinctive rapport with the primitive, at the same time occludes any reasonable comprehension of his mentality.

Our objective conscious function is a function of individual orientation. Its whole quality is, as it were, terrestrial. It provides us with definite concepts concerning terrestrial reality, but the oceanic processes of the unconscious take place beneath a refracting surface which deflects the direct rays of conscious insight. Our cognition of unconscious processes is, therefore, limited to fitful, indirect and oblique discernments, which have that same ambiguous and questionable quality that Lévy-Bruhl discovers in the white man's conceptions of the primitive.

The author has reconstructed the primitive mentality from varied fragments gathered from the most diverse races, and the picture gains enormously in depth and meaning from the fact that the author, for the most part, allows the material to speak for itself. The further we read into the book the more are we impressed by the sense that here is a picture of our own p sychic background. We cannot fail to perceive that collective representations, homologous with those of the primitives, are continually operating with th e same unquestioned authority in our own collective mentality.

The real significance of the collective unconscious as a dynamic psychological background has nowhere received a more vivid and telling representation than in this picture of the ever-present, invisible forces which operate upon the primitive mind with absolute ascendancy. From this point of view we might also regard the collective representations of the primitive mind as homologous with the primordial image in our own psychology.

This book, in my opinion, is a work of very great value, and it has particular importance at the present juncture, when science is struggling to advance from a purely analytical and empirical attitude to a more synthetic conception of human psychology. The author presents his material with an almost austere detachment and permits himself no conclusions that are not abundantly

borne out by trustworthy evidence. If a certain speculative latitude has become noticeable in the foregoing reflexions, this only testifies to the wealth of associations liberated by the book's perusal, and must in no way be attributed to its distinguished author.

H. G. BAYNES.

Problems in Dynamic Psychology. A Critique of Psychoanalysis and Suggested Formulations. By JOHN T. MACCURDY, M.D. Cambridge and New York, 1923. Pp. 383. Price 12*s.* 6*d.* net.

It is a task of no small difficulty to write a closely reasoned criticism of the work of a great original mind, and to bring about thereby a clearer understanding on the part of the reader of the profound significance of the work so criticised. That Dr MacCurdy has succeeded in this task is due to the fact that he brings to the undertaking the highest of all qualifications—sympathetic insight, in addition to expert knowledge and practical experience of the problems, and a really exhaustive study of Freud's own writings. This book, with its careful, critical reasoning, and its constant reference of theories and interpretations back to observed facts and immediate deductions therefrom, will probably do more than any book hitherto published in English to enable every intelligent person who really desires it to form a just estimate of the contributions made by Freud to Dynamic Psychology.

Dr MacCurdy warns his readers that the first part of his book (which consists almost entirely of minute and exhaustive criticism of Freud's formulations) "is unquestionably hard reading." This is true, and while it was largely inevitable that it should be so, it is a question whether some difficulties might not have been eased if Dr MacCurdy had incorporated at least a hint of his constructive alternatives with his extremely lucid but definitely destructive criticisms. In the one connection (Chap. x, "Dreams") in which he has adopted this method, it is far easier to follow the line of Dr MacCurdy's argument, and to appreciate the significance of his criticism.

The book is divided into four parts, the first of which consists entirely (with the one exception just noted) of criticism of Freud. Part II is entitled "The Relationship of Psychoanalysis and Suggestion." Dr MacCurdy includes Hypnosis under the general heading of Suggestion, which he agrees with Jones in regarding as being "based dynamically on unconscious sexual attraction between the patient and physician" (p. 120). Towards the end of the book, however, he amplifies this account (Pt IV, p. 375). Admitting that "suggestion bulks largely among herd phenomena," he adds, "Perhaps the only safe view to take of the matter is to assume that group suggestion is a utilization and overdetermining of an earlier sex mechanism."

Part III contains a careful and critical outline of the "Preconscious Phase," largely based on the work of Ferenczi and Burrow. The most valuable chapters in this section are those on "The Origin of Symbols," and "The Meaning of Auto-Erotism." Symbols, according to Dr MacCurdy, originate in feeling, and any object that reinstates a feeling of the preconscious stage is likely to become a symbol. It seems, on this theory, that symbolization is a characteristic activity of regression. "In the stage of mental development to which return is desired no accurate perceptions of the environment is (are?) possible, even

feelings cannot be formulated consciously; they can only be felt. Perception, consciousness, verbal thoughts come later and when they come, certain experiences that can be registered are dowered with an attractiveness and a feeling of similarity which they owe to resemblance to the experiences of the preceding stage when consciousness was larval. It is only these later experiences that can be remembered, they stand symbolically for the enjoyment of the past. But—a most important point—since the valuation of the past is a retrospective falsification, the wish did not develop till the symbols appeared, and hence that wish can be expressed only in symbols" (p. 167). There is obviously a great deal more to be said about the origin, development and function of symbols than is indicated by Dr MacCurdy, but he disarms criticism by admitting that "the discussion of this chapter is from one angle only, that of psychopathology." Auto-erotism is interpreted in biological terms; it is a process of education, both for objective orientation in general, and more specifically for adult sexuality.

Part IV, on "Instincts and their Classification," opens with a detailed and appreciative criticism of the theories of Rivers in *Instinct and the Unconscious*. We can only regret once again that the untimely death of Dr Rivers prevented his reading this chapter, and presenting his own views of the questions under discussion in fuller detail. Dr MacCurdy's critical brilliance is as much in evidence in this chapter as in Part I; for while he ruthlessly exposes the weaknesses and inconsistencies of many of Dr Rivers's theories, he never lacks in appreciation of the extraordinary fruitfulness of the method of approach and the setting of the problems.

The remaining chapters of the book are of a definitely constructive character, and they shed a backward light upon the critical work which has preceded them. It cannot be said, however, that it is all illumination in these chapters. There are two problems—both of them fundamental—which seem to elude even the careful attempts at formulation which Dr MacCurdy aims at. They are the problems of (1) Psychic Energy, and (2) the Relation of Instinct and Instinct-motivations to Intelligence. Dr MacCurdy is very insistent that instinct itself is not energy. "It is often assumed, I think erroneously, that instincts have energy in themselves. But they are simply modes of behaviour in the presence of generic situations. Faced with a certain type of emergency, the organism responds in accordance with its instinct pattern. A pattern has no energy; the latter comes from the organism. An instinct directs energy; it does not create it" (p. 263). To be demonstrable, he argues, energy must work against resistance, and accordingly Dr MacCurdy finds that only unconscious motivations are capable of directing energy, for they work against resistance and "assume the form of some substituted symbolic outlet"; thus, "the all-important dynamic elements are unconscious ideas charged with instinctive energy, *i.e.* unconscious instinct-motivations." But, on Dr MacCurdy's own theory, there is a time in mental development when there is no unconscious ("it is probably incorrect to think of the mentation of the child at this age as either conscious or unconscious. He has only a larval consciousness and imagination," p. 174), and it is the spontaneous repression of the Oedipus trend, together with similar processes, that actually creates the unconscious for the first time (p. 295). Either, then, there must already be mental energy involved in repression and the creation of the unconscious, or else this is a purely non-psychological process. In the former case it cannot be only "unconscious ideas charged with instinctive energy" which are the dynamic elements, and in the

latter case a surrender is made to a non-psychological method of interpreting all phenomena of repression. It would seem that behind instincts and instinct-motivations there is the "fundamental energy supply" which Jung formulates as "Libido" (p. 46). (Incidentally Jung definitely disavows in *Psychological Types* the interpretation which Dr MacCurdy puts upon Libido as a "general vital force, an *élan vital*." In his definition of Libido Jung states: "Neither do I understand libido as a psychic *force*, a misunderstanding that has led many critics astray. I do not hypostatize the concept of energy, but employ it as a concept denoting intensity or value.") In that case it is incorrect to speak of "unconscious sex energy" (p. 371) and of "any one of the instinct groups as the source of this energy" (p. 372). That which directs energy, but has none in itself, cannot be the source of energy. Dr MacCurdy cannot have instinct as "a pattern" which "has no energy," and at the same time maintain that "unconscious ideas charged with instinctive energy" are the "all-important dynamic elements." Indeed, on Dr MacCurdy's definition of instincts, they clearly belong to structural, and not dynamic, psychology; and the dynamic problem in connection with instincts would be to determine whence and what the energy is that urges libido in greater or less intensity into the channels of the instincts.

The second problem must be only briefly referred to. An 'instinct-motivation'—which is Dr MacCurdy's alternative to the Freudian 'wish'—arises when man makes use of abstract thought, ideas, as tools with which his instincts can work (p. 259). But how comes it about that the instincts find "abstract thought and ideas" lying ready to hand, much as the simians find sticks or stones? They differ from tools or instruments in being the fabrication of the same mind that is the operator through instinct; they are not provided *ab extra* to facilitate the development of instincts into instinct-motivations. We are forced to the conclusion that Dr MacCurdy's formulation of instinct as a 'pattern,' devoid of energy, and apparently also of cognitive elements, is treacherously simple. Unless instinct is both tendency and, at least potentially, apprehension, it seems to be a term which might be usefully omitted from psychology. Indeed, the fruitfulness of Dr MacCurdy's discussion in this last section is largely due to the fact that he disregards his own self-denying ordinance, and treats instincts as dynamic psychic units.

J. CYRIL FLOWER.

Psychology and Morals: An Analysis of Character. By J. A. HADFIELD. Methuen & Co., Ltd. Pp. vii + 186. Price 6*s*. net.

No one could be better fitted than Dr Hadfield to carry out the task he has attempted. The object of this book, as stated in the preface, is "to set out facts and principles revealed by modern psychology, especially in its application to nervous disease, some knowledge of which is of vital importance to all who, like parents, teachers, clergy, and general practitioners, are called upon to give practical direction and advice to individuals in regard to actual problems of life and conduct." Dr Hadfield has done this with directness, with lucidity, with that indefinable attractiveness which differentiates the readable book from the dull book, and with, at times, the redeeming savour of a very pretty wit. He has written a book which will be frankly unacceptable to the con-

ventional. The conventional moralist will wish that he had made it less acceptable to the psychoanalyst; and the conventional psychoanalyst will regret that it is not more unacceptable to the moralist. This latter consideration is perhaps irrelevant, as no psychoanalyst considers himself conventional.

Dr Hadfield classifies failures of conduct as 'nervous' disease, moral disease and sin. He discusses the influence of 'self-phantasy' on behaviour, the action of 'the Ideal as Stimulus of the Will,' self-realisation, sublimation, and other kindred topics. As those who are familiar with his lectures and writings would expect, the author's point of view corresponds mainly with the advanced wing of academic psychologists, as represented by McDougall. Dr Hadfield repudiates rigid ethical conceptions of good and evil—"the 'flapper' of fifty is an evil woman," is one of the jester's touches—he describes evil as "misdirected impulse": but throughout the book, despite these pronouncements, there is the undercurrent of a certain moral absolutism. The following extract from the chapter on "The Ideal as Stimulus of the Will" gives the keynote of the whole volume:

> The will, we have observed, can be aroused by an ideal to fulfil that ideal. There are thousands of ideals presented to the mind every day, and it is out of these that the self "chooses" those which it thinks potent for its purpose. What we call "choice" is the judgment, after deliberation, as to whether this ideal or that will be most conducive to our completeness. Our choice is always determined by this end, but the deliberation and judgment as to the best means to that end gives us the sense of freedom. Choice is thus concerned with means to an end, which is an activity of the intellect. Choice is then primarily an activity of intellect, reason, and judgment, not of the will. It is our judgment that decides which of the multitudinous ideals, true and false, will provide us with the means to satisfy that craving for fulfilment which impels us, like every organism, to seek its completeness—our ultimate end. The self having deliberated and chosen, we are under ordinary conditions free to pursue our ideal. Indeed, this is the only thing we are free to pursue; it is the only thing that can stimulate us, for it is the only thing that ultimately appears likely to produce happiness.
>
> But it is obvious that these facts can be stated as well in terms of determinism as of freedom. The will is free to seek its completeness, it is free and usually able to move towards the ideal by which it may achieve it. At the same time, it is determined by the ideal and by the craving for fulfilment and self-realisation, which nothing but that ideal can satisfy. If the will is not aroused by such an ideal, it falls victim to the dominance of the impulse of the moment (p. 80).

In a book so full of value and interest, there is only room for criticism of a secondary nature: or perhaps we should say that serious criticism will come from extremists in either camp. We may, however, take up a few minor points.

Dr Hadfield is a little vague in his application of moral criteria. For instance he talks (p. 44) of "sin in a more strictly psychological sense." It is obvious of course that conflict may and frequently does involve the individual's ethical standard: but it is difficult to see how the term can be used in any but an ethical sense. Or again we are told that "Primary impulses are good"; surely the psychologist should resist the attempt to apply ethical values to the instinctive life? It is not enough to infer that primary impulses cannot be bad. It is necessary to state categorically that they are a-moral, or at any rate outside the range of ethical values.

In his discussion of phantasy the author seems to have introduced a good deal of ambiguity by a somewhat arbitrary limitation of the term. To most of us "The Ideal" should be classed as a phantasy—progressive and inspiratory, no doubt, but none the less a phantasy. To Jung, as we all know, phantasy

is the mother of possibilities. But to Dr Hadfield phantasy is the antithesis of the ideal—an exclusively regressive factor, consisting of compensatory and Narcissan elements only. On p. 53 we read: "This early conception of ourselves which tends to be of an extravagant nature, is therefore repressed and forms a complex which we call a phantasy." And this brings us to the author's use of the term complex. On p. 25 we read: "When the complexes are recognised and are consciously inhibited from expression in *conduct*, we call it *restraint*: we speak of *suppression* when the complex is psychologically repugnant and voluntarily inhibited, when the process of inhibition is unconscious, we call it *repression*. It is important to recognise that repression is an unconscious process." Surely the day has passed when it is necessary to describe a complex as 'repressed'? The tendency among academic psychologists to widen the connotation of the term complex invariably leads to regrettable confusion. The real fact of the matter is that the academic psychologists prefer the short and simple word to their own more clumsy nomenclature 'mental dispositions,' 'constellations of ideas,' etc., which refer to conscious processes, and should not therefore be confused with complexes. Further ambiguities of terminology are connected with 'transference,' 'neurasthenia' and 'alcoholism.' In Chapter 14, we read: "The process described as re-birth may be otherwise described in terms of transference.' Despite a footnote referring to the usual analytical significance of the term transference, this unduly wide use of it seems unfortunate.

Still more regrettable is the use of the term 'neurasthenia.' If this term is to be tolerated at all in scientific language, and if it is to have any nosological value, it can only be as the label for a syndrome sometimes described as hypo-adrenia, and sometimes as toxic neurasthenia; but never as the description of an anxiety neurosis. Yet Dr Hadfield says on p. 27: "In *neurasthenia* the complex is deeply and effectively repressed...." The patient "sleeps profoundly, but without refreshment, and gets up in the morning more tired than he went to bed." Whereas to anxiety neurosis he attributes symptoms of "anxiety, tremor, sweating, distress of mind and terrifying dreams."

With regard to 'alcoholism,' the author uses the term as apparently synonymous with dipsomania: the antithesis to which is not chronic inebriety, but 'the drunkard.' The need for an aetiological and psychological classification of the various forms of alcoholism prompts us to protest against this very loose terminology. There is a special need for accuracy here, and some such classification as Coriat's should be adhered to, rather than arbitrary meanings applied to commonly used words.

Dr Hadfield has much to say on the important subject of Sublimation: but the point of most importance to the moralist, he seems to slur over. At the beginning of Chapter 21, he defines sublimation thus: "The process by which instinctive emotions are diverted from their original ends, and redirected to purposes satisfying to the individual and of value to the community." This is a much narrower definition than the Freudian one, which merely lays down "approved by society." Thus there remains a great range of human activity excluded from Hadfield's definition, but included in the other. The author has support in many quarters for his narrower conception of the function; but he does not adhere to it, for on the next page he describes the play of the young as a sublimation, and further proceeds to remark "*Any* kind of activity may serve as a sublimation." We would wish a clearer and more consistent pronouncement on this theme from one so competent to give it.

The analysts will protest against the author's condemnation of dream interpretation. They will say—and we sympathise with them—that Dr Hadfield's picture of *ex cathedra* interpretation is a caricature. If it is not a complete travesty the fault lies with certain analysts that we wot of, and not with the method itself. Would the writer be prepared to dispense entirely with the study of dreams as a means of contact with his own unconscious? The question "expects the answer No," but it is justified by the unreserved nature of his criticism of the use of dream material.

The volume ends with a succinct conclusion based on the three cardinal counsels: Know thyself; accept thyself; be thyself. It is a book which should challenge and stimulate every reader who is not impenetrably swathed in an accepted system of psychology or morals.

H. CRICHTON MILLER.

Our Phantastic Emotions. An attempt to suggest a fresh standpoint from which to view human activities. By T. KENRICK SLADE, B.Sc., with a Foreword by Dr S. FERENCZI. London: Kegan Paul, Trench, Trubner & Co., Ltd. Pp. xii + 179. Price 6*s.* 6*d.*

This book consists essentially of an attempt to consider the bearing upon our emotions of psycho-analytic views concerning infantile 'omnipotence' (or, as the author prefers to call it, 'supremacy'), with particular reference to Ferenczi's exposition in his paper on "Stages in the Development of the Sense of Reality" (published in his *Contributions to Psycho-analysis*, translated by Ernest Jones). It is in certain respects an excellent piece of work and shows its author to be possessed of acute psychological insight. Nevertheless to in experienced readers (and we gather that it is to such that it is primarily addressed) it is likely to be a source of confusion and misunderstanding as well as of enlightenment. The author's almost exclusive preoccupation with the "Unconscious Phantasy of Supremacy" (it is because of their relation to this phantasy that our emotions are spoken of as 'phantastic') is, of course, legitimate enough in itself; and the work is undoubtedly of value as an attempt to trace the influence of this phantasy (if we call it such) throughout the development and structure of the emotional life. But since appeal is made "to a rapidly increasing audience" for whom "no intimate knowledge of modern psychology is necessary," it should have been explicitly stated that the subject matter is treated only from one point of view and that there are other aspects of equal importance that are here left untouched. As it is, the only adequate indication of the limited standpoint here adopted is to be found in the Foreword by Ferenczi; it is to be hoped that readers will carefully note this warning and thus prevent some serious misconceptions with regard to Psycho-analysis, which the book might otherwise produce upon those who are not already familiar with the subject.

The chief defect of the book in so far as it aims at "relating the fundamental conceptions of analytical psychology with the established facts regarding 'biological' man" (it is true that here—but here only—the author makes the qualification "more especially with regard to the bearing upon our emotions of the Unconscious Phantasy of Supremacy," p. 6), is its lack of anything approaching adequate consideration of the sexual tendencies in the psych o

analytic sense. It is significant that the Oedipus complex is only mentioned once, almost on the last page of the book, that the words 'Father' and 'Mother' are absent from a fairly complete index and that even when certain acute and illuminating remarks are made on the influence of sex, there is a failure to point out the deeper significance of the unconscious factors; as when on pp. 122, 123 in rightly emphasising the sexual elements in the lure of large towns, the author passes by in silence the—to the psycho-analyst—obviously important significance of the word 'metropolis.'

This serious deficiency of the book as a general treatment of 'analytical psychology' has seemed worth stressing because of the indubitable ability shown by the author when on the more congenial ground of the 'supremacy phantasy.' We suspect, moreover, that he is not really aware of the magnitude of his omission and that he, to some extent, suffers from the same misconceptions as those which his work is likely to induce in the unwary reader; for he is in general rather prone to pass over important differences in a somewhat airy way, as when he seems to think that whether we are to explain a certain phenomenon by telepathy (Flammarion), "primitive sympathy" (McDougall) or "herd instinct" (Trotter) is really little more than a question of the "vocabulary we may prefer to use" (p. 91).

By way of more constructive criticism, we would like to question whether Mr Slade is right in supposing that "the prototype of all adult curiosity is to be found in the infant's instinctive search for fresh stimuli, when it is bored" (p. 57), or that "the mere fact of a new mode of functioning would in itself be pleasing" (p. 88). These statements may perhaps be true in certain ways, but it is clear that if taken in any ultimate sense, they conflict with the main tenor of psycho-analytical teaching, according to which the organism is endeavouring in the last resort to attain a stimulus-free condition. Nor do they perhaps harmonise quite easily with Mr Slade's own (psycho-analytically sound) views with regard to the primitively hostile attitude of the infant to its environment (p. 35).

If the limitations of the book as here indicated are borne in mind, it will serve a useful purpose as constituting a more complete and systematic study of the ego-trends than has been available hitherto in English. The processes by which the primitive egocentricity of the infant gradually gives place to the relatively socialised outlook of the adult are traced in a lucid and illuminating manner. Interesting sidelights are also constantly being thrown upon dark places by the way. Even the author's bolder flights of speculation, as when he regards artistic appreciation as an adult form of the phantasy of universal possession (pp. 40 ff.), though they may not compel immediate consent, are full of suggestiveness. His more modest contributions to theory also have much to recommend them. As examples of these we may take his explanation of the dislike of loneliness (attributed by Trotter to the operation of the herd instinct) to the fact that the absence of older human beings—particularly, we may suppose, the mother—makes the infant's 'magic gestures' (to use Ferenczi's term) inoperative, so that a connection becomes established between loneliness and impotence (p. 27). Again, there is an interesting suggestion which may throw some light upon the mysterious phantasies of intra-uterine life. "It is a not uncommon experience to awake to a realisation of a degree of comfort that we have just lost; tranquil happiness is often most strongly appreciated only after some factor has arisen which has deprived us of our content. In some such way the unconscious memory of inter-uterine comfort may stimulate the infant

without any necessity for supposing the existence of consciousness during the period" (p. 33).

In general, with certain important qualifications, the book is to be recommended as a useful and suggestive treatise on the subject of the emotional life from the developmental point of view.

J. C. FLÜGEL.

The Elements of Scientific Psychology. By KNIGHT DUNLAP, Professor of Experimental Psychology in the Johns Hopkins University, Baltimore. Illustrated. St Louis: C. V. Mosby Co., 1922. Pp. 368.

However sceptical one may be as to the motivation of the word 'scientific' in the title of this new textbook, he will be forced to admit that the volume helps on the flow of soul, gushing perennially from American psychologists, scientific or merely opulent. "So many men, so many minds," and each with the more or less successfully repressed impulse to put it in a book, until books shall be only museum curiosities!

The 'regular' psychologist will see occasion to give thanks that our present author defines psychology as the study of the totality of conscious adjustments or conscious processes (= mind), and the present reviewer, tired of seeing social physiology pretend to be psychology, knows not where a better definition may be found. The book is designed, says its author, for the specific purpose of introducing the student to the elements of psychology, and this and more it readily accomplishes. Deliberately omitted are discussions of learning; of child, animal, social and abnormal psychology; of sleep and dreams; and of applications to education, and the arts and industries; and the author hopes that the readers of his book will "have available a volume or a series of volumes prepared by specialists in these topics, and presenting them from the scientific point of view. No such volume or series of volumes exists at present (!) but we may well expect it in the near future." Here again, it is plain, we see exposed to the more or less vulgar view Prof. Dunlap's little complex whose symbol is 'scientific.' We shall greet his scientific volume or series of volumes with great heartiness.

Like not a few other textbooks of psychology, this one seems to use up relatively too much space discussing sensation in its various relations. Only 56 pages are devoted to the thought-process and the feeling-process combined. Four pages are all that the author requires to set forth an introduction to the empirical self or 'me,' which is nearly a quarter less than the space used in the description of the living cell. Chapter IV, 17 pages devoted to the somatic, visceral and labyrinthine senses, is an excellent summary of up-to-date information on this interesting matter. The illustrations are only 31 in number but what there are are satisfactory for the most part.

The book is unusually well printed on good paper, and measures seven by nine and three-quarter inches.

Altogether the work is a credit to its author and merits wide use as an elementary textbook.

GEORGE VAN NESS DEARBORN.

The Common Neuroses—their Treatment by Psychotherapy. By T. A. Ross, M.D., F.R.C.P.E. London: Edward Arnold & Co., 1923. Pp. xi + 256. Price 12*s.* 6*d.* net.

Our feeling after reading this book is that there may be much to criticise but perhaps in the end little to quarrel with. As Dr Ross says in his preface, it is written for general practitioners not for specialists, and for those to whom it is addressed it is a good book. However much the specialist in psychological medicine may criticise some of the main premises on which Dr Ross bases his description of the common neuroses, the methods of treatment advocated will, if adopted by the general practitioner, make for increased sanity and understanding in the handling of neurotic patients; they are methods which, apart from theoretical consideration, provide a broad base upon which all intending specialists may build, although the resulting edifice will vary according to individual attitudes towards psychological problems.

The book is written by a successful, and rightly successful clinician, a man of great personality, great enthusiasm and great gifts of understanding and sympathy; and the criticism is probably a just one, that because of these very qualities, he has produced theories of the psychological meaning of the neuroses which will seem to many of us so wide meshed that many of the baffling and difficult problems have slipped through. Is it unfair to say that the theories are perhaps too much based upon the interpretation of the meaning of the successes, and too little upon the meaning of the failures?

For Dr Ross the emotional reaction and the conditioned reflex are sufficient to account for all the phenomena of the neuroses. Surely it would be truer to say that these are labels which may be applied to the phenomena of the neuroses, and true also to say that the real meaning of the symptoms is not necessarily inherent in the label.

The neuroses are classified according to the mode of faulty reaction to the difficulties of life:

(1) "Over-reaction gives rise to those symptoms which have in the past been labelled neurasthenic....Of late the tendency has been to call them anxiety neurosis or anxiety hysteria."

(2) "Meeting difficulties by under-reaction or by failure to react at all gives rise to those symptoms which were formerly called hysterical, and which now in the Freudian terminology are called conversion hysteria."

(3) "Meeting difficulties by attempting to ignore them gives rise to obsessions and compulsions; and the collection of symptoms so produced may be called the Compulsion Neurosis" (pp. 25-26).

Again, surely theories with a very wide mesh! Having in mind the hundreds of weary hours spent in trying to unravel the problem of the compulsion neurotic, it will seem to many of us too big a blow to our intellectual pride to accept "meeting difficulties by attempting to ignore them" as an adequate interpretation of the symptoms of this hydra-headed neurosis.

Although avowedly a disciple of Déjerine, Dr Ross still admits much that is Freudian in his interpretation of symptoms. For him psycho-analysis is not so much wrong as inexpedient; his main difficulty in accepting the Freudian position as regards theory is the dynamic conception that energy is bound up in the repressed complex and through analysis released for more useful purposes. Dr Ross, however, advocates the inculcation of faith and hope as the

sheet anchor of treatment. The value of faith and hope to the neurotic is surely evidence for, and not against, the dynamic conception of Freud.

To repeat, there may be and is much to criticise in the book, but little on the practical side to quarrel with. It is a book which will help many to an understanding of their neurotic patients and to wiser dealing with them, and even in carping, criticising fellow specialists it may help to counteract that tendency to myopia with which we are always threatened

MAURICE B. WRIGHT.

Insanity and the Criminal Law. By WILLIAM A. WHITE, M.D. New York: The Macmillan Co., 1923. Pp. ix + 281. 8vo. Price $2.50.

"For a long period, for ages, the criminal was a man who *did* a certain act....Now it is realised that in order to commit a crime a certain particular state of mind is necessary" (p. 265)—and, we read in this book an excellent series of cases which show how blind the Law (or rather legal procedure) can be to the importance of these 'particular states of mind.'

Out of his large experience the author makes certain proposals for amending the procedure in cases where insanity is put forward by the defence. The suggestion that will commend itself to the layman as the simplest, and one that should have been adopted long ago, is that empowering the judge to call expert witnesses who may prepare written reports which are to be read in court and on which the experts may be cross-examined and the expert witnesses must examine the accused. This gives the expert witness a chance of making an uninterrupted statement of his view of the case and would tend to eliminate the 'hypothetical question,' which in fact is no hypothetical question at all. Considering the unfairness of the present system "the astonishing thing is not that the medical expert testimony is so bad, but that it is so good" (p. 58).

On the topic of Responsibility the author thinks that the standpoint of the Law is considered too exclusively and the delinquent is not considered enough (p. 96). At first one is inclined to agree with him but on reflection things are not so bad as they at first appear. The most important attribute of the Law is its certainty, if unconscious motives can be put forward in the Courts regularly and with success the criteria would become too complicated for the popular judgment, the Courts would lose the popular confidence they now enjoy and the neurotic satisfaction in Order, till then enjoyed by civilised society, would give way to an anxiety which might lead to graver instability. Unconscious motives cannot be regarded as other than uncertain by the public.

So long as man nourishes a sense of unconscious guilt so long will punishment be demanded by the public; but as a lunatic asylum is regarded as a prison the decision to certify instead of to hang is not likely to meet with insurmountable opposition. The question whether the Courts will realise the importance of the 'states of mind' is another matter. The author does not stress the danger of apparent arbitrariness in decisions if individual considerations are taken into account. In spite of these rather theoretical objections the practical value of the book stands on its own merits; the case histories are detailed and the discussion of them practical.

JOHN RICKMAN.

Talks on Psychotherapy. By WILLIAM BROWN, M.A., M.D. (Oxon.), D.Sc., M.R.C.P. (Lond.): University of London Press, Ltd. 1923. Pp. 96. Price 2*s.* 6*d.* net.

In these "talks," originally given as extempore addresses at King's College, London, "an attempt is made to sum up in broad outline the present-day position in psychotherapy" (p. 5).

The author sees in *analysis* but the necessary stepping-stone to more important *synthesis*. Mental analysis recovers the lost past, transference—"the emotional *rapport* which springs up between patient and physician" (p. 38)—often assisting. Intellectual and ethical difficulties arise and the physician then by "psycho-therapeutic conversations" seeks through autognosis a re-synthesis of the patient's mind. Intellectual conviction and emotional acceptance of the new or regained knowledge are not necessarily accompanied by full power to live anew, but suggestion treatment, including auto-suggestion, now applied, will often supply the needed impetus to the patient to take his stand, consciously or unconsciously, upon the "general belief in a friendly universe" and to add self-control to self-knowledge (pp. 86–93).

Suggestion should be given in "a waking or semi-waking state...treatment by *hypnotic* suggestion is a bad method of treatment" and should be used only in "special situations...where every other method has failed." Yet for "reassociation and the recovery of lost memories," especially in hysterical cases, hypnotism is valuable; while abreaction, secured through hypnosis, results in complete recovery provided due care is taken to re-associate the recovered memory with the waking consciousness of the patient (pp. 26–35). The method of abreaction, originally used and described by Breuer and Freud, is now but seldom mentioned in Freudian literature, and the present tendency is to explain the beneficial effect of abreaction in terms of transference. A case is given in which cure by abreaction resulted when there was no possibility of transference and the author restates his conviction that "abreaction by itself has therapeutic value due, no doubt, to the reassociation of the mind and of the nervous system which it involves (pp. 36–41).

Turning from these more practical considerations to theoretical bases, we find psychology defined as "the science of the mind which considers the mind as a sequence of mental processes in time." In the swing back to the definition enshrined in the name *psychology* the present tendency is to replace "mind" by something "mental." How the mind works, rather than what the mind is, is the immediate problem. Further, "mental processes," unqualified, is too broad a basis, for "mental processes have *values*: logical values, aesthetic values, ethical values. And these values, although they have reference to mental processes in time, are themselves out of time, and in dealing with them we have to pass beyond the condition of causality itself—we have to pass into metaphysics." Here the free-will dilemma confronts the medical psychologist. Psychology as a science necessarily holds to the postulate of determinism but "this merely shows how inadequate psychology is as a complete explanation of mental process." Here too we have "one fundamental difference" between Freudian "psychoanalytic" psychology and Jungian "analytic" psychology. "Freud is a determinist...Jung is not. Jung considers that mind as such is prospective; it does not work in a merely mechanical or deterministic way." Our author, while finding himself more often in agreement with Freud than

with Jung, here finds Jung in the right, but considers that "he has not gone far enough," and adds: "In his writings there is a vague mixture of science and philosophy which can only be satisfactorily replaced by a more thorough-going metaphysical investigation or treatment" (pp. 76–84). From which we gather that to a sound knowledge of medicine and psychology the mental specialist must add metaphysics or at least a working philosophy of life founded upon free-will. In agreement with this the book closes with a section on "Psychotherapy and the re-education of the Will" in which the author argues that the *will* of M. Coué, that loses in the conflict with *imagination*, is not "will" at all but only "wish"; for in "true or complete volition there can never be such conflict, since belief is an essential constituent in true volition" (p. 95).

On the other hand, the author seeks to travel as far as possible—perhaps a little farther—on the well trodden road of explanation in terms of matter and motion. In criticising the term "functional nervous disease" he argues that whenever there is functional disturbance there is always structural disturbance, in the form of altered synaptic resistance or changed molecular structure. This is probably good scientific explanation, but we find difficulty with the verdict: "It is absolutely inconceivable that any system...so complex as the human brain can remain structurally normal and function abnormally"; for, if mind be not matter in motion but something apart from and behind the chemical and physical changes of nuclear protoplasm in cerebral neurons, it is, we feel, quite possible to conceive a disordered or diseased mind that fails to use aright a perfectly ordered and physically and chemically fit nervous system (pp. 17–26). Further, while it may be convenient for psychotherapeutic practice to see in "mental and spiritual healing...but...different aspects of the same thing," it is possible that "the mind contains the spirit in itself" (p. 14) is only true in the sense that brain, being apparently a prerequisite for mind as we know it, may be said to "contain" mind. It is still tenable philosophically that the body-mind duad with its "psycho-physical powers" (p. 23) is but the tool of an immaterial extra-mental being whose failure in the use thereof sends him to the doctor as patient. It is possible that clothing, body, mind are successive sheaths shielding and obscuring a real being known to ancient philosophy as Spirit and to modern psychology as the pure Ego. All of which goes to show the difficulty of keeping psychotherapy within the bounds of medicine and psychology and the truth of our author's contention that "just as, on the one side, psychology is closely allied to biology and physiology and cannot be adequately studied without reference to all that we know in biology and physiology of the instructive basis of behaviour, so, on the other side, we cannot do full justice to the mind unless we are prepared to pass beyond psychology to philosophy and to consider the implications of knowledge, of aesthetic appreciation, of moral obligation or responsibility" (p. 81).

R. J. BARTLETT.

Suggestion and Mental Analysis. By WILLIAM BROWN, M.A., M.D. (Oxon.), D.Sc., M.R.C.P. (Lond.). Third Edition. University of London Press, Ltd. 1923. Pp. 176. Price 3*s.* 6*d.* net.

That this "elementary and non-technical account of the relation between ...suggestion and auto-suggestion on the one hand, and mental analysis

(including the special Freudian system of psycho-analysis) on the other," has already reached its third edition would seem to indicate that there was real need of such an introduction to the voluminous literature of psychopathology and psychotherapy and that the author's contention "that a sound system of psychotherapy should satisfy the more moderate claims of both modes of thought" has been well received.

The first edition consisted of nine chapters on the treatment of the psychoneuroses by mental analysis, suggestion and hypnosis, and three, on "the philosophical background" containing a critical exposition of Bergson's philosophical views. In the second edition a chapter entitled "The Practice of Psychotherapy" was added "to emphasize the fact of the incompleteness of present theories of suggestion and the need of further unbiassed investigation, and also to make clear the need of specialised training in neurology and psychiatry for the practice of psycho-therapy." In the third we find the always welcome addition—an index.

R. J. BARTLETT.

Some Contributions to Child Psychology. By MARGARET DRUMMOND, M.A. Edward Arnold & Co. Pp. viii + 151. Price 4*s.* 6*d.* net.

In this book Miss Drummond has set herself the important task of showing parents and teachers how to help young children to adapt themselves to the life of the community into which they are born. She states in the preface that she owes much to the work of Freud, Jung and others, and this is evident from her treatment of the subject. Impressed by the fact that a neurosis is ultimately an escape from reality and that the foundation for it is laid in early childhood, she considers that "psychologists and educationists should reconsider the whole question of the nature of imagination in childhood and the best means of training it." In this book Miss Drummond is concerned with the training of the imagination rather than with its nature. She points out the importance of providing suitable occupations for a child and suggests that 'self-enclosed' activities should be discouraged as far as possible. "To be of value, imagination must be in vital contact with reality" (p. 82). Fairy tales are undesirable partly because they put wrong ideals before the child, partly because they hinder him in his instinctive search for the laws which govern his world. "In the early years the pull of magic is backwards not forwards" (p. 117). "The child from the first stands for the principle of reality....By our false education we lead him to worship false gods; we give him fairy stories when he asks for truth; we encourage him to find in phantasy a satisfaction which we basely tell him reality can not give" (p. 120). And when we ask why we feel the child needs fairy tales, we are told: "It is we who want the fairy tales, not the children. In their credulity we find vicarious satisfaction" (p. 112).

The book is, moreover, not confined to the training of the imagination. It also contains sound advice on a number of other problems, such as the self-assertiveness and the baseless fears of little children. In all these the results of modern psychological investigations are freely used and sufficient quotations are given to show the reader where he can go for more information. Here and there one feels that definitions are badly needed. This is particularly the case with terms like imagination and phantasy which easily lend themselves

to inconsistent interpretation. A bibliography would also have been helpful. These are, however, minor points. Like its predecessors the book makes very pleasant reading. It contains few technical terms and each point is illustrated by anecdotes from the personal observation of the author. It has not much to offer to the specialist, but should be a real help both to the parent and to the young teacher.

I. B. SAXBY.

The Mind in Action. A Study of Human Interests. By GEORGE H. GREEN. University of London Press. 1923. Pp. 168. Price 3*s.* 6*d.* net.

In the preface of this interesting attempt to deal popularly and briefly with "the dynamic conception of mind" the author lays it down that "what you cannot explain in everyday language you do not know." Anyone who has listened to Professor Eddington endeavouring to explain "in everyday language" the concepts of physics in the light of the theory of relativity will probably have had occasion to doubt this plausible assertion. And from the other point of view, anyone who has listened to the popular explanations of political, social and economic issues that are so fluently given in "everyday language" may, without undue cynicism, have come to the conclusion that it is precisely what you do not know that you can most easily explain "in everyday language." Interesting as this little volume is—in spite of its breathless style—it suffers all through from the over-simplifications that are necessary in the attempt of the author to live up to his self-imposed test of knowledge. For example, the notion that instinct is a form of active interest may be usefully maintained, and valuable deductions may be drawn from it. But the notion becomes misleading when it is utilised for such plausible but inaccurate statements as the following: "When the dinner gong sounds while you are making a speech, you know that you may as well end your speech at once. All the interest that was directed towards you is now flowing in another direction altogether" (p. 26). Nevertheless the book is a genuine and not altogether unsuccessful attempt to give an outline of the mind at work in the simplest possible terms, and as an introduction to psychology for those who are wholly unaccustomed to the psychological point of view it may well be found helpful and suggestive. The inevitable danger is that the confident simplifications of mental processes which are required by the author's aim will tend to give the impression that a pictorial and notional representation of the mind in action is a much more accurate and reliable account of the extremely complex thing itself than is actually the case.

J. CYRIL FLOWER.

Mother and Son. By C. GASQUOINE HARTLEY. London: Eveleigh Nash and Grayson, 1923. Pp. 318. Price 7*s.* 6*d.* net.

This volume does not claim to be a scientific contribution to the complex subject of the 'Parent-Child' relationship; but neither is it merely another of the many compilations flung on the market by writers whose *flair* for expository opportunities is entirely journalistic. For Mrs Hartley has written

thoughtfully and independently on this and allied topics before the so-called New Psychology disturbed the minds of advanced discussion circles; and her books have, in addition, been characterised by a wide range of familiarity with the work of contemporary authorities.

Indeed the main flaw in the present volume may be ascribed to her effort to maintain this same standard of far-flung eclecticism in matters psychological. Her obvious solicitude to omit no reference bearing on the theme discussed, has blinded her to the fact that fundamental divergencies in psychological opinion cannot be composed by the simple expedient of textual dovetailing and that the result is likely to be rather bewildering to readers who are hardy enough to follow up the numerous references to authorities holding strongly conflicting and often mutually incompatible views on the problems in question.

Mrs Hartley shows every sign of being able to think for herself and she would have been better advised to settle the question of her own psychological affinities and restrict her references to accessible passages from original authorities rather than to load her Bibliography with second-hand and often inferior presentations of their views.

Careful sub-editing of her book from this point of view would greatly enhance its value as a spirited piece of popular exposition written in an idiom which will appeal to the class of readers for whom it is designedly written.

JAMES GLOVER.

The Birth of the Psyche. By L. CHARLES BAUDOUIN. Translated by Fred Rothwell. London: George Routledge and Sons, Ltd., 1923. Pp. xxii + 211.

In his Preface to the English edition of *The Birth of the Psyche* M. Badouin warns the reader that the book is "anything but a learned treatise on psychology or psycho-analysis." It is "just a tiny corner of the heart, a little music of a very intimate nature." The author desires to appear in the rôle not of the scientist but of the poet, and he devotes several pages to the discussion of "the marriage of art and science."

In the twenty-four sketches which make up the book and which, he tells us, were jotted down just as and when they came, he has tried to revive impressions of his early childhood. He gives us glimpses into the mind of a sensitive, egotistic child, happier in the life of phantasy and the warm intimacy of the home (he was a much-loved only child), than in the company of other boys, from whose rough games he shrank, though his vaulting imagination enabled him to take the lead when muscular prowess was not required of him.

Several of the chapters contain impressions of his earliest school-days; in others we see him leading his procession of paper ducks through the rooms of his home, dressing up in the faded silks and ribbons of the lumber-room, or frightening himself with the shadow of his own head in the lamp-light. He has not forgotten that childish days were not all golden but were clouded by mysterious fears. In "The Terrors of Sleep" and "Steam Rollers" he expresses something of the agony of dread which a little child may go through in silence. M. Baudouin says that in writing these sketches he has "forgotten what psychology and psycho-analysis have taught him," but he admits what is indeed obvious, that this knowledge has influenced his vision. Those familiar

with psycho-analytic theory will read much that is significant between the lines of every chapter, even where it is less directly conveyed than in those on "Parricide" and "The Anguish of Love." We see the child's sense of omnipotence as he watches the snow-flakes, "the little white souls" (he is already a poet!), "See, there's one which is now in America....Its name is Camaralzaman; I call it by name and it comes and settles on my finger." Or again, to what superstitious practices of the race is this laughable, yet pitiful, scene a parallel: "I had got into the habit of crouching down like a toad, and jumping about the room. Whenever I played this game, I was sure my father would tell me to stop, after a few leaps. And so, no sooner had mamma gone out and I had begun to feel anxious, than I decided mentally that I would pretend to be a toad and would count my leaps. If my father protested before the twelfth leap—or the fifteenth—this would mean that mamma had got run over. If I went beyond the fatal number...then she was safe" (p. 210).

It is perhaps inevitable that something of the charm of the original should be lost in the translation of a book of this kind. In Mr Rothwell's translation a somewhat stilted turn is given at times to the sentences, which weakens the impression of naïve childish thinking. Such words as 'revivescence' or 'droplet' strike strangely on an English ear. Possibly also some English readers may regret the occasional lapse of the author of the book into rather obvious sentiment—a certain tendency to dot the i's and cross the t's of a pathetic or edifying reflection. But they will appreciate the atmosphere he conveys, the insight into the child's mind and the delicate humour that plays over the book.

CECIL BAINES.

ABSTRACT.

Eine Teufelsneurose im siebzehnten Jahrhundert, by Sigmund Freud. (*Imago*, 1923, No. 1.)

In this paper Freud discusses in the light of psychoanalytic theory a case of "possession by the devil," the record of which has been put into Freud's hands by Dr R. Payer-Thurn, Director of the Fideikommissbibliothek in Vienna. This record is contained in a manuscript which came from a place of pilgrimage named Mariazell, and tells the story of an artist, Christoph Haitzmann, who made a compact with the devil and was released by the aid of the Blessed Virgin at the chapel of Mariazell in the year 1677. The manuscript consists of a Latin compilation by a monk, giving an account of the case and its miraculous cure, and a fragment of the artist's German diary. A coloured title-page shows the scene of the compact and of the release, and on another page are eight coloured pictures of subsequent apparitions of the devil. These pictures are affirmed to be copies of Haitzmann's original paintings.

The record states that on September 5th, 1677, Christoph Haitzmann came to Mariazell, seeking to be set free from a compact with the devil which, he said, he had made nine years previously and written in his blood and under the terms of which he must shortly pass, body and soul, into the power of the fiend. He was sent to Mariazell by the priest of Pottenbrunn who related in a letter how the artist had been seized with convulsions while in church and had confessed, upon examination, to having made the diabolical compact. (In passing, Freud comments on the possibility of this examination having 'suggested' the idea of a compact.) At Mariazell Haitzmann prayed and did penance, and on the 8th of September, the birthday of the Virgin Mary, there appeared to him in the Chapel the devil in the form of a dragon and gave back the deed written in blood, which the artist duly delivered to the monks who were present but to whom the devil was invisible.

Feeling himself to be set free he went to Vienna, to his sister's house, but on October 11th his seizures returned, and he was again tormented by visions and temptations by the devil. In May, 1678, he presented himself once more at Mariazell and confessed to having made a still earlier compact written in ink, and likewise binding him to the devil. Once more the Virgin came to his help; he was released, and the agreement was returned to him. This time he felt that all was well and he was received into a religious Order in which he died at peace in the year 1700. We learn, however, that, even after the second exorcism, he was at times tempted to give himself again to the devil but, by the grace of God, he resisted.

Such is the story of Christoph Haitzmann, artist and neurotic.

In giving his analytic interpretation Freud observes that he is writing for those who believe in the psychoanalytic theory. To those who do not his explanation is likely to appear improbable and unnecessarily subtle. Further, he is careful to state that he believes in the good faith both of the monks who made the record and of the artist himself. The fact that the latter doubtless wrote the two compacts and took them to the Chapel while in an abnormal mental state does not imply that he was a dissimulator

The motive of the compact is first considered. There is no indication that Haitzmann was influenced, as others who made similar agreements are said to have been, by a thirst for power, wealth or the pleasures of the senses. We learn that he made the compact when in a state of depression, following on his father's death. He found himself falling into melancholy and inhibited in the pursuit of his calling, so that he was in a condition of destitution. The terms of the agreement are peculiar: it simply says that he affirms himself to be the son ("leibeigner Sohn") of Satan and that in nine years' time he will deliver himself to the devil, body and soul. There is apparently no mention of what the devil is to do for him in return. Freud conjectures that for the space of nine years he was to take the place of the patient's father, to act, that is, as a father-substitute. He argues that, just as the idea of God is, according to the psychoanalytic doctrine, derived from the figure of the father as he appears to the child, so the notion of the devil springs from the hate side of the ambivalent relation between parent and child. The record of a case such as this shows, in clear relief, mental processes which can only be reached in modern times by the analysis of neurotic symptoms and the free associations of patients. The conjecture seems to be borne out in the case of Haitzmann by the fact that we are expressly told that after his father's death he fell into a state of melancholy. Freud has shown elsewhere ("Trauer und Melancholie," *Sammlung kl. Schriften*, IV) that melancholia has its origin in the ambivalent conflict following upon the loss of the loved object.

If it be assumed that this was indeed the meaning of the compact other points in the record may be analysed. The sexual motive Freud holds to be represented in the number 9 (the compact for nine years), which is the number of months in the period of gestation, and by the fact that the devil frequently appeared in the male form but with the breasts of a female. In this apparition Freud sees a reaction against a repressed phantasy of the artist's, namely, that of bearing a child to his father—a phantasy arising out of a *feminine* attitude towards the father such as is often met with in the analysis of male patients. The reaction against the phantasy is due to the fear of castration (for the abandonment of the male rôle carries with it the loss of the male organ) and expresses itself in a new phantasy by which the feminine rôle is forced upon the father. In Haitzmann's visions this is symbolised by the female breasts upon the male figure. This feature may be over-determined and indicate a displacement of love from the mother to the father and a previous mother-fixation. It is to the Mother of God that he turns in his distress, and it is on her birthday that he is released from his compact.

The fragment of the artist's diary contains the account of the second phase of his illness, the period between the first and second exorcisms. He was once more tormented by apparitions, sometimes of the tempter, sometimes of Christ and the Virgin: all of these he regarded as manifestations of the Evil One.

Having emerged from his state of melancholy after the first deliverance, he became a prey at first to worldly and sensual visions; on rejecting these he was bidden by the heavenly visitants to forsake the world and become a hermit, the command being accompanied by promises of bliss and threats of damnation if he refused. Later, a sexual phantasy obsessed him, after which he fell into a trance, endured the torments of hell and heard a voice which told him he was being punished for his wicked thoughts. Some months later he returned, as we know, to Mariazell, was finally released from his compact and became a religious

This was the solution at once of the moral conflict and the problem of his material necessities. He had been unable to pursue his calling; possibly, as Freud suggests, the inhibition indicates remorse and self-punishment, or even a tardy obedience to his father who may have opposed his artistic career. It is probable that he belonged to that class of persons who are always dependent on others for their maintenance because of a fixation to the infantile situation at the mother's breast. But material necessity alone, without the inner conflict arising out of his relation, would not have driven him to sign his pact with the devil—in other words, would not have resulted in neurosis.

CECIL BAINES.

NOTES ON RECENT PERIODICALS.

Internationale Zeitschrift für Psychoanalyse, Part I, 1923.

Prof. Freud contributes notes on the theory and practice of dream-interpretation. He touches on the technical question of how to set about collecting the dreamer's free associations in analysing a dream. The various elements in the dream may be taken according to their actual sequence, or some striking feature may be picked out and the dreamer required to give his associations to it, or he may be questioned about the events of the previous day which occur to him in connection with the dream, or, if he has some acquaintance with the technique, he may begin his associations at any point he likes.

The degree of resistance encountered in analysing a dream is of great importance. When the resistance is very strong, the analyst has to content himself with suggesting some symbolic interpretations. When it is less, the associations usually diverge widely from the manifest elements, only to converge again on the latent thoughts.

Freud distinguishes between dreams from above and dreams from below. The latter are due to the force of a repressed wish which seeks to break through from the Unconscious; the former, though reinforced by unconscious material, are rather of the nature of waking thoughts or purposes. In the latter case analysis generally aims at bringing the latent thoughts into line with those of waking life without paying attention to the unconscious factor.

In some analyses there is at times a curious cleavage between waking and dream thoughts, so that the dreams form a kind of continued story analogous to the workings of phantasy.

In interpreting dreams it must be remembered that they have first of all to be *translated* and judgment must be suspended till this is done. It is, says Freud, like reading a chapter of Livy: we must first find out what he relates, before we consider whether the narrative is historical or legendary. The analyst is warned against a "too great respect for the 'mysterious Unconscious,'" for the dream is a thought like any other, but reinforced from the Unconscious and subject to the dream-work which, as we know, includes distortion and secondary elaboration.

Freud mentions the so-called 'recovery dream,' which may indicate a hopeful adjustment on the part of the patient, but may be simply a 'convenience dream' expressing his desire to escape the painful analytic work.

When a conflict between ambivalent feelings is going on in the patient's mind, it is rash to jump to a conclusion from a single dream, or the dreams of a single night, as to the victory of one feeling or the other. Only by taking into consideration the whole situation, including the waking thoughts, can we guess how the battle is going.

Freud discusses the question: how far are dreams influenced by the 'suggestion' of the physician? This is a point frequently raised by sceptics in order to cast doubt on the results of analysis. As regards the *manifest content* it is obvious that, since the treatment belongs to the impressions of waking life and since these give rise to dreams, the dream is influenced by the analytic treatment. The *latent thoughts* also are susceptible to influence in so far as they consist of preconscious material which may contain the patient's reaction to the analyst's suggestions. The *mechanism* of dream-formation is however inaccessible to external influence and with regard to the unconscious wishes (which combine with the preconscious thoughts in the latent content) analytic experience shows that they cannot be suggested by the analyst. It may happen that in an analysis dreams which have reference to past situations in the dreamer's life appear only after certain analytic constructions have been put upon his symptoms and associations. Such dreams seem to confirm these constructions, but it is objected that, even when the patient believes that he is recalling actual experiences, he may be mistaken and they may have been suggested to him. It is

true that recollections carrying conviction are generally lacking, for that which is repressed comes only gradually into consciousness and moreover we may be dealing not with actual facts but with unconscious phantasies. Yet Freud's experience has led him to believe that these 'confirmatory' dreams are not produced simply by suggestions made in the analysis. The analysis is like a picture puzzle in which different pieces have to be fitted together and both patient and analyst have to wait and see how the constructions or recollections, taken together, yield the solution of the whole complicated problem. Moreover, patients may recollect dreams dating from before the analysis which lead to the same results as the dreams during treatment. It is however likely that repressed material comes to light more plainly in dreams in the course of analysis. In order to explain this we must look for some unconscious force which serves the purpose of the treatment. This force Freud believes to belong to the parent complex: the patient's docile attitude towards the parents is repeated in the transference. Freud has never disputed the part played in the transference by 'suggestion' in this sense and it in no way invalidates his conclusions.

Dreams which occur in traumatic neuroses and repeat the traumatic situation are probably the only exception to the rule that the dream is a wish-fulfilment. 'Punishment' dreams *seem* to be an exception but a closer scrutiny shows that they are a reaction against the latent thoughts and are due to an intervention of the censorship. This is really an extension of the familiar process by which a single element in the latent thoughts is represented in the manifest content by its exact opposite.

In his final note Freud touches on the fact that the ego can appear in more than one figure in a dream. This is due to the secondary elaboration and is an attempt to represent the many sides of the dreamer's personality. Freud does not, however, believe that *every* person in the dream represents some aspect of the ego.

In a paper on "The genesis of the castration complex in women," Frau Dr Horney, writing from her own experience in the analysis of women patients in whose neuroses this complex was prominent, seeks to penetrate to its true origin. Much has already been written upon the forms in which the castration complex manifests itself in women and it has been traced to the little girl's envy of the penis. Dr Horney thinks that, though this explanation may seem obvious to male narcissism, it is unsatisfactory both from the point of view of female narcissism and of biological thought that half the members of the human race should be dissatisfied with their sex. She admits that the forms in which the complex manifests itself are largely *conditioned* by the envy of the penis, but she does not see in it the alpha and omega of the complex.

In the first part of the paper she discusses the reasons for such envy and shows that the little girl is *in reality* at a disadvantage with the boy in the gratification of certain instinct-components of great significance in the pregenital phase of the libido. That is to say, the little girl's envy of the penis is connected with the desire to urinate 'like a man' and that she is debarred from gratifying her urethral erotism, her active and passive observation impulses and her wish to manipulate her genital organs, in ways which are open to the boy.

Dr Horney then passes to the second part of her paper and tries to penetrate beyond the envy of the penis to a deeper motivation of the castration complex. The results of her analysis of certain female patients have led her to conclude that the question of the pathogenic effect of the penis-envy complex is intimately bound up with the Oedipus complex.

The little girl passes from her auto-erotic narcissistic desires by taking the father as her love-object and identifying herself with the mother. The desire for the penis is then transformed into the womanly desire for the man (=the father) and for the child (from the father). In the cases Dr Horney has in mind the attachment to the father was so intense that the incestuous phantasy had all the force of reality. The inevitable disappointment left deep traces in the neurosis, amongst them a disturbance in the sense of reality resulting in doubts (*e.g.* of the reality of other love-relations). Moreover, feelings of guilt proved to be really reproaches against the father, turned against the subject, as well as being due to hostile impulses against the mother. The desire for the child was of the greatest significance and was related to the penis-envy complex in two ways: (*a*) the maternal instinct received unconscious reinforcement from the auto-erotic desire for the penis; and (*b*) after the disappointment with the

father there was regression to the old desire which in its turn was reinforced by the womanly wish for the child.

The father was then abandoned as love-object and, in accordance with the Freudian mechanism, the object-relation gave place regressively to *identification.*

In this *identification with the father,* accompanied by regression to a pregenital phase, Dr Horney sees one root of the castration complex in women.

Now Freud has shown that identification with the father is a basis of manifest homosexuality in women. In the cases under discussion Dr Horney concludes that the love-relation was not wholly repressed nor the identification complete. The patients did, however, without exception, show a tendency to homosexuality.

The second root of the female castration complex the writer holds to be the phantasy of having been castrated through the love-relation to the father. The patients felt that they were not normal, or had sustained some injury, in the genital region. Their phantasy of intercourse with the father caused them to attribute to him this injury. Here we have an intimate connection between castration-phantasy and repressed womanliness, a connection which seems to account more satisfactorily than does the simple penis-envy for revengeful feelings against men. Freud has shown how defloration may arouse such feelings. It would appear that in the act of defloration the unconscious sees the repetition of the phantasied intercourse with the father and the affects which belong to the latter situation are repeated.

Moreover, feelings of guilt attach themselves more easily to the idea of castration through an incestuous act with the father than to the envy of the penis.

Dr Horney concludes that just as the male neurotic whose fear of castration conceals the desire to be castrated (to lay aside the masculine rôle) identifies himself with the mother, so the female neurotic, who suffers from the castration-complex has identified herself with the father.

In the introduction to his article on "Anal Character" (*Ergänzungen zur Lehre vom Analcharakter*) Dr Karl Abraham refers to the work of Freud, Ferenczi, Jones and Sadger on the subject of anal erotism. In Freud's view the obsessional neurosis originates in a regression of libido to a pregenital phase of organisation in which the anal and the sadistic component instincts are prominent. Abraham hopes at some later date to throw light on the problem of the connection between sadism and anal erotism. In this paper he deals not so much with the symptoms which originate in repressed anal erotism as with certain typical 'anal' character-traits. Freud, in his first description, specified three such traits: self-will, a tendency to economy and a love of order, qualities which in their exaggerated forms appear as obstinacy, miserliness and pedantry.

Abraham describes some of the ways in which these characteristics manifest themselves in neurotic persons and relates them to infantile tendencies and experiences connected with the function of excretion. When a child is trained to habits of cleanliness, compelled, that is, to renounce his gratification in the products of excretion and his self-will with regard to the process, his narcissism sustains a blow but in general he is able to conform to the training through object-love, his desire to please his mother or nurse. If this training is forced upon him too early, the libido may undergo narcissistic fixation and the capacity for object-love suffers. This is the explanation of a type of character in which, underlying a marked outward docility and correctness, there are rebellious impulses and obstinacy. The conscious resignation and self-sacrifice of such persons conflicts with unconscious impulses of revenge.

It must be remembered that the infantile narcissistic feelings are clearly bound up with the excretory function. Abraham states that, just as the child in one stage believes in the omnipotence of his wishes, so at a still earlier stage he sees in his excretions the expression of his omnipotence. Hence the significance of the early training in cleanliness for his psycho-sexual development. In certain patients nervous constipation is accompanied by feelings of impotence. Here the libido has been displaced from the genital to the anal zone. Closely connected with this primitive feeling of omnipotence is the pride characteristic of certain neurotics in their own supposedly unique powers and possessions.

Self-will which has its origin in anal erotism may appear as a dislike of any kind of interference, an unwillingness to conform to the systems of others, combined with a strong desire to make rules and systems for oneself, or as a reluctance to yield to

the requests of others, a tendency to dole out necessary payments in small instalments, etc. (cf. the behaviour of the child who resists defecation). Such obstinacy may, however, develop into the useful quality of perseverance.

The writer passes to the discussion of the opposite type which, he says, has received much less attention. Persons of this type lack all initiative and demand that their difficulties shall be smoothed from their path. When undergoing analytic treatment they wish the analyst to do all the work for them; the obstinate patient, on the other hand, wants to go his own way and refuses to give his free associations. Abraham's experience has led him to believe that the patients thus lacking in initiative resisted defecation in childhood and were then helped over the difficulty by means of medicines and enemas.

Where there is regression in males from the genital to the anal-sadistic phase there is invariably a diminution of productive activity in every sense, not merely in that of physical reproduction. Moreover, the sadistic component which, properly sublimated, plays so valuable a part in the man's attitude to his love-objects and the interests of life, is as it were paralysed by the ambivalent conflict in his instinctive life. The result may be an excess of complaisance which is a reaction to hostile impulses and must not be confounded with true object-love.

Another characteristic of diminished productive activity is procrastination, sometimes combined with the tendency to break off every undertaking as soon as it is begun, and sometimes with an inability to leave off when once a beginning is made. Abraham draws the parallel to the infantile pleasure in retention on the one hand and in excretion on the other.

In proportion as productive activity is diminished the interest in *having* is increased. This is seen in the attitude towards money, an attitude which may easily pass into avarice. This aspect of the 'anal' character may manifest itself in many ways: sometimes in a passion for collecting, or for hoarding rubbish or in a horror of wasting time. Or there may be the opposite trait of prodigality in expenditure, which is equivalent to a pouring-out of dammed-up libido. In jealousy, too, there is an anal as well as a sadistic root, but Abraham believes that these are secondary and that the primary root may be found in the earlier, oral, phase of the libido development.

Another 'anal' characteristic is a love of order and cleanliness, of exactitude and symmetry. In some neurotics a surface cleanliness is combined with concealed untidiness or dirt. Abraham says that to the Unconscious of these persons an untidy drawer represents the intestine packed with faeces, an allusion he has frequently met with in the analysis of dreams.

He has noticed certain facial peculiarities which he believes to be typical in some cases of the 'anal' character. It is, he says, as though these people were continually smelling something and he traces this peculiarity to the primitive coprophiliac pleasure in smelling.

In conclusion Abraham states his conviction that a thorough investigation of the pregenital phases of libido development is necessary for the understanding of the manic-depressive states.

Amongst the shorter communications is a paper by Dr Stefan Hollós on traces of psychoanalytic thought in psychiatry previous to the work of Freud. He quotes from various writings, nearly all of the 19th century, in which certain psychoanalytic doctrines are as it were foreshadowed. The connection between insanity and sexual love was, he says, early recognised and the ideas of repressed gratification leading to mental pain (anxiety), of infantile curiosity returning later in obsessional questionings, of the analogy between neurotics and primitive people—all these are touched upon by different writers. It is in a work of Ludwig Meyer in 1889 (*Über Inventionspsychosen*) that there is the fullest approach to the analytic mode of thought, when he writes about phobias, symbolic actions, perversions and unconscious impulses which force their way into consciousness.

Dr Emil Simonson contributes a paper on Schleich's psychophysics and Freud's Metapsychology, and there are various short communications from analytic practice. Several of these have to do with the eye as a genital symbol and blindness as standing for castration.

The journal contains many reviews of German and English psychoanalytic works.

CECIL BAINES.

CAMBRIDGE: PRINTED BY W. LEWIS AT THE UNIVERSITY PRESS

LIST OF AUTHORS

PAGE

Abstract 352

ABRAHAM, KARL. Psycho-Analytic Views on some Characteristics of Early Infantile Thinking 283

BOSE, GIRINDRASHEKHAR. The Reliability of Psycho-Analytic Findings 105

BRIERLEY, S. S. A Note on Sex Differences, from the Psycho-Analytic Point of View 288

BURT, CYRIL. The Causal Factors of Juvenile Crime . . . 1

Delinquency and Mental Defect (II) 168

Critical Notices 64, 232, 327

Descriptive Notice 122

DEVINE, HENRY. The "Reality-Feeling" in Phantasies of the Insane 81

EAST, W. NORWOOD. Delinquency and Mental Defect (I) . . 153

EDDISON, H. WILFRED. Psychoneurotic Aspects of Miners' Nystagmus 116

Editorial 80

FLOWER, J. CYRIL. Suggestion 39

GREIG, J. Y. T. Freud's Theory of Wit 51

IKIN, ALICE G. The Ontogenesis of Introvert and Extrovert Tendencies 95

JONES, ERNEST. The Nature of Auto-Suggestion 194

JUNG, C. G. On the Relation of Analytical Psychology to Poetic Art 213

MOXON, CAVENDISH. M. Coué's Theory and Practice of Auto-Suggestion 320

Notes on Recent Periodicals 78, 144, 260, 354

One Hysteric and "Many Physicians," or As Others See Us . . 59

Reviews 68, 129, 244, 332

RICHARDSON, C. A. The Influence of Affective Factors on the Measurement of Intelligence 34

SHRUBSALL, F. C. Delinquency and Mental Defect (III) . . . 179

SOMERVILLE, H. The War Anxiety Neurotic of the Present Day: His 'Dizzy Bouts' and Hallucinations 309

STODDART, W. H. B. Delinquency and Mental Defect (IV) . . 188

WORSTER-DROUGHT, C. "Narcolepsy" 267

The University of Chicago Press

General Psychology. By WALTER S. HUNTER. A survey of psychological subject-matter from the behavioristic point of view. An introductory book with the emphasis upon the concrete experimental facts so far as they are available. xiv *and* 352 *pages, crown* 12*mo, cloth; 10s. net*

The Psychology of Child Development. By IRVING KING. A study of the growing mind, that is of particular service to the teacher.
xxii *and* 266 *pages,* 12*mo, cloth; 7s. 6d. net*

The Psychological and Ethical Aspects of Mormon Group Life. By E. E. ERICKSEN. A careful investigation of the complexity of Mormon group life and communal sentiments.
x *and* 104 *pages, crown* 8*vo, cloth; 7s. 6d. net*

Essays in Experimental Logic. By JOHN DEWEY. Notes on thought and ideas, their stimuli, character, and objects, presented from a behavioristic point of view. viii *and* 444 *pages,* 12*mo, cloth; 17s. 6d. net*

The Educational Situation. By JOHN DEWEY.
104 *pages,* 12*mo, paper; 2s. 6d. net*

Psychology and Social Practice. By JOHN DEWEY.
42 *pages,* 12*mo, paper; 1s. 3d. net*

Studies from the Psychological Laboratory. By JAMES R. ANGELL. Vol. III, No. 2. 356 *pages, royal* 8*vo, paper; 2s. 6d. net*

The Mental Traits of Sex. By HELEN BRADFORD THOMPSON.
viii *and* 188 *pages, royal* 8*vo, paper; 6s. 3d. net*

The Control of Hunger in Health and Disease. By ANTON J. CARLSON. viii *and* 320 *pages,* 8*vo, cloth; 12s. 6d. net*

Heredity and Eugenics. By WILLIAM E. CASTLE, JOHN M. COULTER, CHARLES B. DAVENPORT, EDWARD M. EAST, and WILLIAM L. TOWER.
312 *pages,* 8*vo, cloth; 15s. net*

AGENTS FOR THE BRITISH EMPIRE (EXCEPT CANADA)

CAMBRIDGE UNIVERSITY PRESS: Fetter Lane, London, E.C. 4

CONTENTS

(*All Rights reserved.*)

PAGE

C. WORSTER-DROUGHT. "Narcolepsy" 267

KARL ABRAHAM. Psycho-Analytic Views on some Characteristics of Early Infantile Thinking 283

S. S. BRIERLEY. A Note on Sex Differences, from the Psycho-Analytic Point of View 288

H. SOMERVILLE. The War Anxiety Neurotic of the Present Day: his 'Dizzy Bouts' and Hallucinations 309

CAVENDISH MOXON. M. Coué's Theory and Practice of Auto-Suggestion 320

CRITICAL NOTICE 327

REVIEWS 332

ABSTRACT 352

NOTES ON RECENT PERIODICALS 355

The *British Journal of Psychology* is issued by the British Psychological Society in two Sections, a *General Section* and a *Medical Section*, now entitled *The British Journal of Medical Psychology*. Each *Section* will appear in parts quarterly, the size and price of each part varying with the amount of material available.

The subscription price, per volume of about 350 pages, Royal 8vo, payable in advance, is 30*s.* net per volume (post-free) for either section. Subscriptions may be sent to any Bookseller, or to the Cambridge University Press, Fetter Lane, London, E.C. 4.

Volumes I–II, *Medical Section*, are now ready. Price in four parts, paper covers, 25*s.* net; bound in cloth, 35*s.* 6*d.* net per volume. Buckram binding cases can be supplied at 4*s.* 6*d.* net each. Quotations can be given for binding subscribers' sets.

Members of the British Psychological Society receive the *General Section* of the *Journal* gratis. Members of the Medical Section of the Society receive also the *British Journal of Medical Psychology* gratis. Information concerning Membership may be obtained from the Hon. Secretary of the *Medical Section* of the Society, Dr JOHN RICKMAN, 11 Kent Terrace, N.W. 1.

Papers for publication in the *British Journal of Medical Psychology* should be sent to Dr T. W. MITCHELL, Hadlow, Kent. Those for publication in the *General Section* of the *British Journal of Psychology* should be sent to Dr C. S. MYERS, Room 309, 329 High Holborn, W.C. 1.

Contributors receive twenty-five copies of their papers free. Additional copies may be had at cost price; these should be ordered when the final proof is returned.

Quotations for binding cases and for binding subscribers' sets can be obtained from the publishers.

The Cambridge University Press has appointed the University of Chicago Press agents for the sale of both Sections of *The British Journal of Psychology* in the United States of America, and has authorised them to charge the following subscription price:—$7.00 *net* for either *Section*.

PRINTED IN ENGLAND BY W. LEWIS AT THE CAMBRIDGE UNIVERSITY PRESS